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SICKNESS AMONG INDUSTRIAL EMPLOYEES

INCIDENCE AND DURATION OF DISABILITIES FROM IMPORTANT CAUSES LASTING LONGER THAN ONE WEEK AMONG 133,000 PERSONS IN INDUSTRY IN 1924, AND A SUMMARY OF THE EXPERIENCE FOR 1920-1924[1]

In previous issues the incidence rates for disabilities among members of industrial mutual benefit associations and company relief departments, and for factory employees as reported by the plant medical department have been presented for the years 1920–1923.[2] In the present report the sickness frequency rates for the year 1924 are added and some new statistics presented concerning the duration of disability.

The cases tabulated are those for which sick benefits have been paid, or absences reported for disabilities lasting longer than one week. In other words, only those cases have been included which rendered employees unable to work for eight consecutive calendar days or longer.[3]

Industrial accidents are not included. The reports, moreover, do not include all disabling illness and nonindustrial accidents of the duration specified, since most of the reporting industrial mutual associations refuse sick benefits for disability from the venereal diseases, for illness resulting from the violation of any civil law, for the results of willful or gross negligence, and for certain other causes; and many of the associations do not pay for chronic diseases contracted prior to the date of joining the organization, nor for disabilities caused by or growing out of specific physical defects. The reports from the relief or medical departments of industrial companies were made to conform as much as possible with the data from sick-benefit associations by excluding all venereal diseases and other illnesses for which sick benefits ordinarily are not paid.

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[1] From the Statistical Office in cooperation with the Office of Industrial Hygiene and Sanitation, U. S. Public Health Service. Data collected and tabulated under the immediate supervision of Assistant Statistician Dean K. Brundage. Acknowledgments are made to those association secretaries and industrial physicians whose cooperation has made possible the publication of these data.

[2] A series of articles on the frequency of disabling illness among industrial employees are available in the following reprints:

(1) Reprint No. 624 from the Public Health Reports of Dec. 3, 1920, pp. 2897-2907.
(2) Reprint No. 644 from the Public Health Reports of Mar. 4, 1921, pp. 429-434.
(3) Reprint No. 671 from the Public Health Reports of July 1, 1921, pp. 1497-1502.
(4) Reprint No. 721 from the Public Health Reports of Jan. 6, 1922, pp. 2-9.
(5) Reprint No. 807 from the Public Health Reports of Dec. 29, 1922, pp. 3195-3203.
(6) Reprint No. 969 from the Public Health Reports of Oct. 31, 1924, pp. 2721-2730.

[3] An exception to this statement occurs in the rates for 1920, which include a number of cases lasting only seven days. It was found, however, that the incidence rates for 1920 would not be materially different if recomputed on a strictly eight-day or longer basis.

As pointed out in the previous reports of this series, there are also certain other rules, such as the requirement that the secretary of the association shall be notified whenever a member is moved to another city for treatment or for any other cause, the penalty for violating such rules being the suspension or denial of benefits. Moreover, there are usually age limits for eligibility to membership, which probably results in relatively fewer persons at the older ages in these associations than are found among industrial employees as a whole. For these reasons it is apparent that the sickness rates presented in the accompanying tables are understatements of the amount of serious sickness

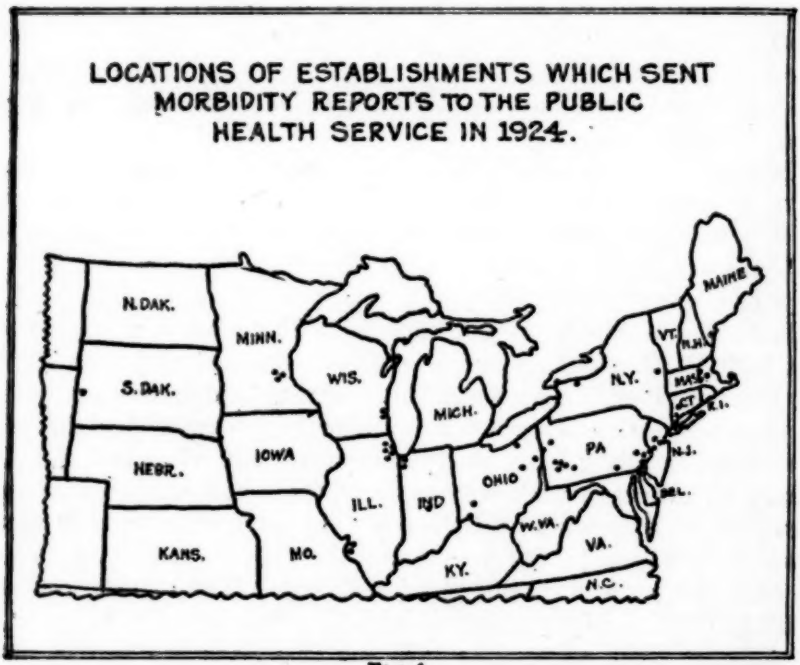


Fig. 1.

actually occurring. The statistics, nevertheless, are of value in affording some knowledge of the relative frequency of different diseases in a sample of the industrial population of the country.

In calculating the sickness frequency rates, the number of persons used as the divisor is the number of employees reported as holding membership in the association, or, in the case of relief or medical department reports, the number on the pay roll at the end of each month.

The accompanying map (fig. 1) shows the places from which the sickness reports for 1924 were sent. All the reporting establishments with one exception were east of the Mississippi and north of the Ohio and Potomac Rivers.

DISEASES CAUSING DISABILITIES LASTING EIGHT DAYS OR LONGER

The incidence rates for different diseases and disease groups among 114,065 male industrial employees in 1924 compared with the rates for a group of 89,910 males in industry in 1923 and for 66,466 men in 1922 are presented in Table 1. By classifying in accordance with the International List of the Causes of Death (1920 revision) those disabilities among males which lasted eight consecutive days or longer, and then dividing the number of cases of each disease and disease group by the average male membership for the year, any sick-benefit organization with regulations similar to those mentioned above can compare its morbidity experience with the averages presented.

TABLE 1.—*Frequency of specified diseases and disease groups causing disability for 8 calendar days or longer in a group of male industrial workers employed in different industries. Experience for 1924 compared with 1923 and 1922*

Diseases and conditions causing disability (with corresponding title numbers in parentheses from the International List of the Causes of Death, 1920 revision)	Number of cases per 1,000 males			Number of cases		
	1924	1923	1922	1924	1923	1922
All diseases [1]	96.0	95.1	96.4	10,948	8,548	6,407
General diseases (1–69 except 38–40)	31.0	33.5	32.3	3,529	3,011	2,147
Epidemic and endemic diseases (1–10, 12–25)	3.4	2.4	2.1	383	216	141
Influenza and grippe (11)	16.9	22.7	20.9	1,923	2,037	1,387
Tuberculosis of the respiratory system (31)	1.3	1.2	1.9	148	108	125
Cancer, all forms (43–50)	.6	.5	.6	70	42	42
Rheumatism, acute and chronic (51, 52)	6.5	4.7	4.6	740	427	303
Other general diseases (26–30, 32–37, 41, 42, 53–69)	2.3	2.0	2.2	265	181	149
Diseases of the nervous system (70–86) [2]	6.3	4.8	6.0	720	433	397
Neuralgia, neuritis, sciatica (82)	2.3	1.6	2.3	267	144	153
Neurasthenia, nervousness, etc. (84)	1.6	1.2	1.5	177	110	99
Other nervous diseases (70–81, 83)	.7	.7	.8	85	60	54
Diseases of the eyes (85)	1.2	.9	.9	134	80	62
Diseases of the ears and of mastoid process (86)	.5	.4	.5	57	39	29
Diseases of the circulatory system (87–96)	3.6	3.1	3.8	412	279	251
Diseases of the heart (87–90)	1.5	1.2	1.3	172	105	85
Diseases of the veins (93)	1.3	1.3	1.8	149	119	122
Other diseases of the circulatory system (91, 92, 94–96)	.8	.6	.7	91	55	44
Diseases of the respiratory system (97–107)	13.6	14.7	15.9	1,552	1,318	1,056
Bronchitis, acute and chronic (99)	5.0	5.3	5.4	576	472	359
Pneumonia, all forms (100, 101)	3.1	3.8	3.8	354	345	250
Other diseases of the respiratory system (97, 98, 102–107)	5.5	5.6	6.7	622	501	447
Diseases of the digestive system (108–127)	19.7	17.1	17.5	2,248	1,532	1,161
Diseases of the pharynx (109)	6.4	5.7	5.3	726	515	350
Diseases of the stomach (111, 112)	4.6	3.9	4.1	521	348	275
Diarrhea and enteritis (114)	1.9	1.8	1.8	218	161	116
Appendicitis (117)	3.3	2.9	2.9	372	258	194
Hernia (118a)	1.3	1.2	1.5	155	108	101
Other diseases of the digestive system (108, 110, 115, 116, 118b–127)	2.2	1.6	1.9	256	142	125
Nonvenereal diseases of the genito-urinary system and annexa (128–142)	2.7	2.3	2.6	309	210	174
Nephritis, acute and chronic (128, 129)	.7	.8	.8	83	72	53
Other diseases in this group (130–142)	2.0	1.5	1.8	226	138	121
Diseases of the skin and cellular tissue (151–154)	3.5	3.3	3.6	401	299	237
Diseases of the bones and of the organs of locomotion (155–158)	3.8	4.2	4.9	437	377	329
Diseases of the bones and of the joints (155, 156)	.6	1.5	1.5	75	133	99
Lumbago and other diseases of organs of locomotion (158)	3.2	2.7	3.4	362	244	230
External causes (nonindustrial accidents) (165–203)	9.6	9.0	7.8	1,093	808	518
Ill-defined diseases and unknown causes (205)	2.2	3.1	2.0	247	281	137
Number of persons included in the record (years of life exposed)				114,065	89,910	66,466

[1] Industrial accidents and certain diseases are not reported, as explained in the third paragraph of the text.

[2] Including organs of special sense (eyes, ears).

A part of the information contained in Table 1 is shown graphically in Figure 2. Although cases of influenza and grippe were less frequent in 1924 than in either 1922 or 1923, they remained the leading cause of serious disability in 1924, accounting for 18 per cent of all the sickness claims, compared with 24 per cent in 1923 and 21 per cent in 1922. From the standpoint of interrupted production, wages lost, and expense to sick benefit associations, no other disease in recent years has been so disastrous. In the five years ending December 31, 1924, influenza and grippe disabled industrial employees at a rate which was 6.6 times the frequency of the epidemic, endemic, and infectious diseases against which health work is so largely directed. As a public health problem in nonepidemic as well as in epidemic years, influenza is of outstanding importance. Any considerable reduction in its frequency, even in years like 1921 and 1924 in which no epidemic occurred, would mean the elimination of thousands of days of incapacitation to American wage earners as a whole.

The second most important cause of disability in each of the three years was nonindustrial accidents. Judging from the rates for these years, the trend of nonindustrial injuries is upward, presumably due to an increasing number of automobile accidents.

At practically the same frequency as rheumatism in 1924 was the rate for diseases of the stomach and diarrhea, and for diseases of the pharynx. Tonsillitis, pharyngitis, and other diseases of the pharynx often cause a very considerable amount of incapacitation among industrial workers.[4]

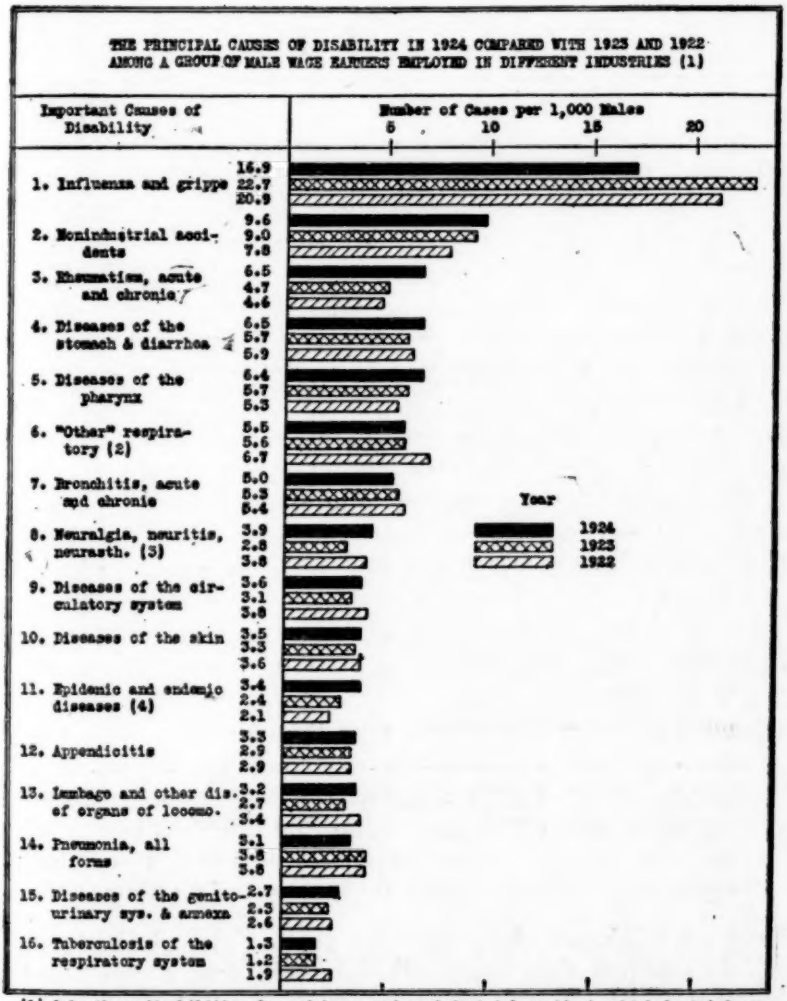
Appendicitis occurred oftener in 1924 than pneumonia (all forms).

The incidence rate of pulmonary tuberculosis was not much above the general death rate for this disease. Evidently many of those who are tubercularly inclined either do not get into industry, or else quit factory employment before the onset of actual incapacitation.

Average annual incidence rates for different diseases and disease groups during the five years ending December 31, 1924, are given in Table 2. This experience represents the equivalent of 424,573 industrial employees under observation for one year, among whom occurred 41,830 cases of sickness and nonindustrial injury causing disability for eight consecutive days or longer. Respiratory diseases, including influenza and grippe, pulmonary tuberculosis, and diseases of the pharynx, accounted for 43 per cent of all the cases. Leaving out of account the accidents, and considering only the diseases, we find that respiratory illnesses caused 47 per cent of the sicknesses.

[4] See Table III, p. 7, in "Disabling Sickness Among Employees of a Rubber Manufacturing Establishment in 1918, 1919, and 1920," Reprint No. 804 from the Public Health Reports of Dec. 15, 1922; also Table 1, p. 3, in "Sickness Among 21,000 Automobile Workers," Reprint No. 914 from the Public Health Reports of Apr. 18, 1924.

THE PRINCIPAL CAUSES OF DISABILITY IN 1924 COMPARED WITH 1923 AND 1922 AMONG A GROUP OF MALE WAGE EARNERS EMPLOYED IN DIFFERENT INDUSTRIES (1)


Important Causes of Disability
Number of Cases per 1,000 Males
5
10
15
20
1. Influenza and grippe 16.9 22.7 20.9
2. Nonindustrial accidents 9.6 9.0 7.8
3. Rheumatism, acute and chronic 6.5 4.7 4.6
4. Diseases of the stomach & diarrhoea 6.5 5.7 5.9
5. Diseases of the pharynx 6.4 5.7 5.3
6. "Other" respiratory (2) 5.5 5.6 6.7
7. Bronchitis, acute and chronic 5.0 5.3 5.4
8. Neuralgia, neuritis, neurasth. (3) 3.9 2.8 3.8
9. Diseases of the circulatory system 3.6 3.1 3.8
10. Diseases of the skin 3.5 3.3 3.6
11. Epidemic and endemic diseases (4) 3.4 2.4 2.1
12. Appendicitis 3.3 2.9 2.9
13. Lumbago and other dis. of organs of locomo. 3.2 2.7 3.4
14. Pneumonia, all forms 3.1 3.8 3.8
15. Diseases of the genito-urinary sys. & annexa 2.7 2.3 2.6
16. Tuberculosis of the respiratory system 1.3 1.2 1.9
Year
1924
1923
1922

(1) Only those disabilities from sickness and nonindustrial accidents which lasted 8 consecutive days or longer are included. Certain diseases are not reported as explained in the text.
(2) Including severe cold (unqualified) laryngitis, pleurisy, asthma and other respiratory diseases included in title numbers97, 98, 102-107 in the International List of the Causes of Death - 1920 Revision.
(3) Title numbers 82 and 84 in the Internation List of the Causes of Death - 1920 Revision.
(4) Typhoid fever, malaria, smallpox, measles, scarlet fever, whooping cough, diphtheria, erysipilas, mumps, chicksenpox, German measles, etc. (title numbers 1-10, 12-25 in the International List of the Causes of Death - 1920 Revision.

Fig. 2.

TABLE 2.—*Average annual frequency (1920–1924, inclusive) of specified diseases and disease groups causing disability for eight consecutive days or longer among a group of wage earners of both sexes in different industries* [1]

Diseases and conditions causing disability (with corresponding title numbers in parentheses from the International List of the Causes of Death, 1920 revision)	Annual number of cases per 1,000 persons	Number of cases
All diseases [2]	98.5	41,830
General diseases (1–69 except 38–40)	30.8	13,091
Epidemic and endemic diseases (1–10, 12–25)	2.8	1,184
Influenza and grippe (11)	18.5	7,887
Tuberculosis of the respiratory system (31)	1.6	676
Cancer, all forms (43–50)	.6	252
Rheumatism, acute and chronic (51, 52)	5.2	2,203
Other general diseases (26–30, 32–37, 41, 42, 53–69)	2.1	889
Diseases of the nervous system (70–86) [3]	6.4	2,720
Neuralgia, neuritis, sciatica (82)	2.0	856
Neurasthenia, nervousness, etc. (84)	2.1	874
Other nervous diseases (70–81, 83)	.8	335
Diseases of the eyes (85)	1.0	441
Diseases of the ears and of the mastoid process (86)	.5	214
Diseases of the circulatory system (87–96)	3.6	1,509
Diseases of the heart (87–90)	1.4	593
Diseases of the veins (93)	1.4	602
Other diseases of the circulatory system (91, 92, 94–96)	.8	314
Diseases of the respiratory system (97–107)	15.0	6,363
Bronchitis, acute and chronic (99)	5.5	2,358
Pneumonia, all forms (100, 101)	3.2	1,349
Other diseases of the respiratory system (97, 98, 102–107)	6.3	2,666
Diseases of the digestive system (108–127)	19.9	8,433
Diseases of the pharynx (109)	6.9	2,921
Diseases of the stomach (111, 112)	4.2	1,796
Diarrhea and enteritis (114)	1.8	768
Appendicitis (117)	3.5	1,482
Hernia (118a)	1.4	587
Other diseases of the digestive system (108, 110, 115, 116, 118b–127)	2.1	879
Nonvenereal diseases of the genito-urinary system and annexa (128–142)	2.6	1,124
Nephritis, acute and chronic (128, 129)	.7	293
Other diseases in this group (130–142)	1.9	831
Diseases of the skin and cellular tissue (151–154)	3.5	1,482
Diseases of the bones and of the organs of locomotion (155–158)	4.0	1,697
Diseases of the bones and of the joints (155, 156)	1.1	484
Lumbago and other diseases of organs of locomotion (158)	2.9	1,213
External causes (nonindustrial accidents) (165–203)	9.2	3,917
Ill-defined diseases and unknown causes (205)	3.5	1,489
Average number of persons included in the record		84,915
Years of life exposed		424,573

[1] Ten per cent of the total number of persons included in the record were women. A few cases lasting only seven days were included in the data for the year 1920.
[2] Industrial accidents and certain diseases are not reported as explained in the third paragraph of the text.
[3] Including organs of special sense (eyes, ears).

SEASONAL VARIATION IN THE INCIDENCE RATE OF SICKNESS

The peak of sickness frequency did not rise as high in 1924 as in any of the four preceding years. It is apparent from Figure 3 that the height of the peaks of sickness incidence was largely determined by the number of cases of influenza and grippe. In 1924 this disease was not as prevalent as in 1920, 1922, and 1923, and did not reach its greatest frequency in a well-defined February peak, as in the other years, with the result that less disability was recorded for the midwinter of 1924 than for the corresponding period of any of the four preceding years. In the fall of 1924, however, both respiratory and nonrespiratory illnesses occurred at a somewhat higher rate than in the corresponding months of 1923.

During the period covered by the records, a tendency is in evidence for the wave of respiratory diseases other than influenza and grippe to get under way and be close to its crest somewhat earlier in the win-

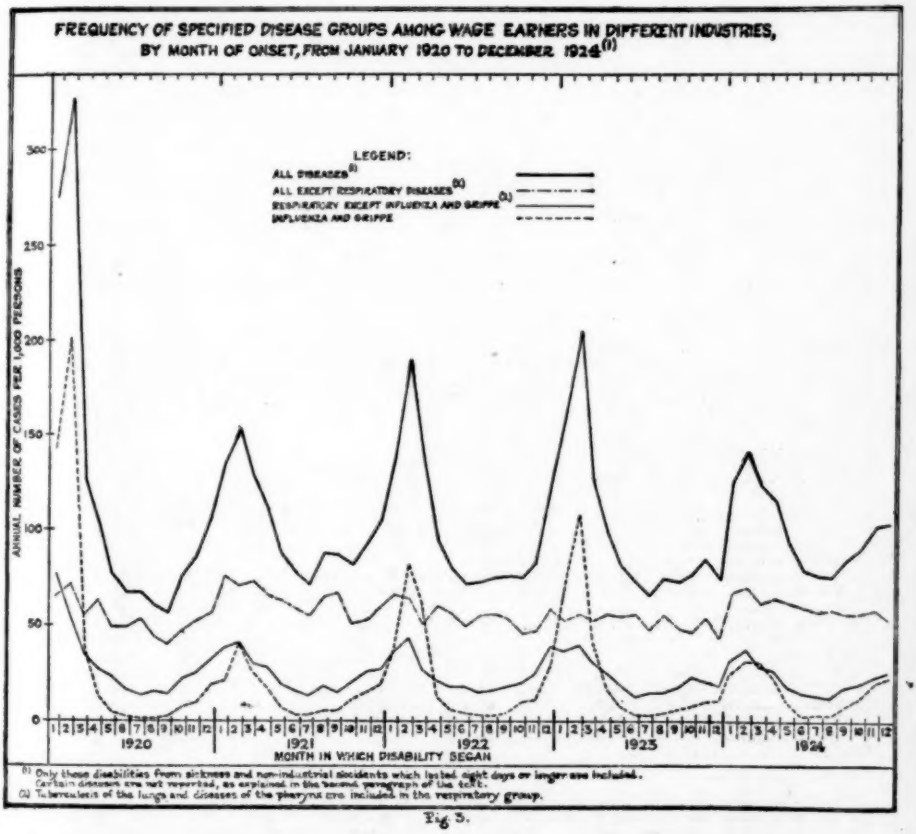

FREQUENCY OF SPECIFIED DISEASE GROUPS AMONG WAGE EARNERS IN DIFFERENT INDUSTRIES, BY MONTH OF ONSET, FROM JANUARY 1920 TO DECEMBER 1924(1)
LEGEND:
ALL DISEASES(1)
ALL EXCEPT RESPIRATORY DISEASES(2)
RESPIRATORY EXCEPT INFLUENZA AND GRIPPE(2)
INFLUENZA AND GRIPPE
ANNUAL NUMBER OF CASES PER 1,000 PERSONS
300
250
200
150
100
50
0
1920
1921
1922
1923
1924
MONTH IN WHICH DISABILITY BEGAN
(1) Only those disabilities from sickness and non-industrial accidents which lasted eight days or longer are included. Certain diseases are not reported, as explained in the second paragraph of the text.
(2) Tuberculosis of the lungs and diseases of the pharynx are included in the respiratory group.

Fig 3.

ter than the influenza-grippe wave. The nonrespiratory diseases as a group show slight seasonal variation in contrast to the decidedly seasonal characteristic of the respiratory illnesses.

TABLE 3.—*Frequency of specified disease groups by month of onset, 1920–1924, among a group of wage earners* [1]

Month of onset of disability	Number of cases per 1,000 persons per year				Month of onset of disability	Number of cases per 1,000 persons per year			
	All diseases [1]	Influenza and grippe	Respiratory except influenza and grippe [2]	All except respiratory		All diseases [1]	Influenza and grippe	Respiratory except influenza and grippe [2]	All except respiratory
1920					1922				
January	275.0	142.9	67.4	64.7	July	72.7	3.3	14.8	54.6
February	326.7	201.4	54.4	70.9	August	74.7	3.0	16.1	55.6
March	126.0	37.1	34.1	54.8	September	75.5	4.3	17.6	53.6
April	103.9	13.2	27.4	63.3	October	75.1	9.6	19.7	45.8
May	70.7	4.6	23.2	48.9	November	83.0	11.4	25.0	46.6
June	67.3	2.3	15.6	49.4	December	125.8	28.5	38.7	58.6
July	67.1	.8	12.9	53.4					
August	60.1	1.2	15.2	43.7	1923				
September	56.2	2.0	14.0	40.2	January	160.0	70.0	37.4	52.6
October	76.4	7.4	21.8	47.2	February	205.1	109.4	39.5	56.2
November	85.7	9.3	24.9	51.5	March	126.6	42.5	30.7	53.4
December	106.1	18.1	31.6	56.4	April	99.7	18.0	25.4	56.3
					May	82.0	7.8	19.4	54.8
1921					June	72.5	3.5	13.3	55.7
January	134.0	20.7	37.6	75.7	July	65.5	2.7	14.8	48.0
February	152.5	40.7	40.5	71.3	August	73.3	4.2	15.2	55.9
March	128.5	25.6	30.4	72.5	September	72.9	5.9	18.0	49.0
April	110.6	16.7	28.3	65.6	October	77.4	7.8	22.6	47.0
May	88.4	6.7	18.5	63.2	November	85.0	9.5	21.3	54.2
June	76.6	3.3	14.6	58.7	December	74.6	11.3	18.6	44.7
July	70.6	3.1	12.7	54.8					
August	87.9	4.7	18.0	65.2	1924				
September	86.7	5.2	14.7	66.8	January	125.9	24.8	32.9	68.2
October	81.6	11.1	19.7	50.8	February	142.2	32.6	38.5	71.1
November	94.3	15.4	26.0	52.9	March	124.6	32.2	29.3	63.1
December	105.2	19.0	26.7	59.5	April	116.7	23.8	27.1	65.8
					May	94.3	11.2	19.3	63.8
1922					June	80.2	3.9	15.6	60.7
January	138.4	36.5	36.4	65.5	July	77.1	4.2	14.2	58.7
February	189.6	82.2	43.2	64.2	August	76.9	4.1	13.5	59.3
March	139.9	61.3	27.4	51.2	September	84.9	8.4	18.8	57.7
April	94.7	13.1	21.3	60.3	October	91.1	12.9	20.7	57.5
May	80.8	6.4	17.7	56.7	November	104.2	20.8	24.2	59.2
June	72.2	3.8	18.2	50.2	December	105.0	23.4	26.8	54.8

[1] Annual number of cases per 1,000 persons employed in establishments sending morbidity reports to the Public Health Service. Only those disabilities from sickness and nonindustrial accidents which lasted eight days or longer are included, except in 1920, when a few seven-day cases were included. Certain diseases are not reported, as explained in the text.

[2] Tuberculosis of the lungs and diseases of the pharynx are included in the respiratory group.

SICKNESS FREQUENCY ACCORDING TO SEX

The female members of reporting sick-benefit associations were disabled oftener than the male members to the extent of 44 per cent during the three years ending December 31, 1924. This difference is not attributable primarily to conditions of the puerperal state, nor to diseases of the female genital organs, because most of the reporting associations pay benefits only for ailments common to both sexes.

Comparison of sickness frequency according to sex shows that the women had more than twice as many cases per 1,000 persons as the men from (1) ill-defined diseases and unknown causes of disability; (2) neurasthenia, nervousness, and the like; (3) diseases of the pharynx; (4) appendicitis; (5) diseases of the respiratory system

other than bronchitis and pneumonia; and (6) nonvenereal diseases of the genito-urinary system and annexa other than nephritis (acute and chronic).

The women had fewer cases of hernia per 1,000 persons than the men, less pneumonia, a lower rate for diseases of the veins, for rheumatism, and for diseases of the bones and of the organs of locomotion.

The two sexes are not comparable, probably, as to age, for a larger proportion of men than of women is usually found in the older age groups. Disabling illness among women over 45 years of age is not much of a factor in industrial morbidity experience, on account of the relatively small number of women in industry who are beyond this age.

When the waiting period for sickness benefits is less than one week, the difference in the disability rates for the two sexes may be expected to exceed 44 per cent. Records of absence from work on account of disability kept by industrial medical departments indicate that the female disability frequency rate may be nearly twice that of the male rate when all illnesses causing absence from work for one day or longer are included.

TABLE 4.—*Frequency of specified disabilities, classified according to sex, 1921–1924* [1]

Diseases and conditions causing disability (with corresponding title numbers in parentheses from the International List of the Causes of Death, 1920 revision)	Annual number of cases per 1,000		Per cent of male rate	Number of cases	
	Males	Females		Males	Females
All diseases [2]	94.8	136.4	144	31,907	5,450
General diseases (1–69 except 38–40)	31.1	33.5	108	10,475	1,339
Epidemic and endemic diseases (1–10, 12–25)	2.7	3.0	111	912	119
Influenza and grippe (11)	18.4	20.2	110	6,201	808
Tuberculosis of the respiratory system (31)	1.5	1.7	113	505	70
Cancer, all forms (43–50)	.6	.9	150	192	36
Rheumatism, acute and chronic (51, 52)	5.5	3.1	56	1,842	123
Other general diseases (26–30, 32–37, 41, 42, 53–69)	2.4	4.6	192	823	183
Diseases of the nervous system (70–86) [3]	5.7	13.7	240	1,911	546
Neuralgia, neuritis, sciatica (82)	2.0	2.7	135	670	107
Neurasthenia, nervousness, etc. (84)	1.5	7.9	527	493	313
Other nervous diseases (70–81, 83)	.7	.6	86	254	24
Diseases of the eyes (85)	1.0	1.6	160	332	65
Diseases of the ears and mastoid process (86)	.5	.9	180	162	37
Diseases of the circulatory system (87–96)	3.6	3.3	92	1,213	130
Diseases of the heart (87–90)	1.4	1.5	107	470	58
Diseases of the veins (93)	1.5	.8	53	503	31
Other diseases of the circulatory system (91, 92, 94–96)	.7	1.0	143	240	41
Diseases of the respiratory system (97–107)	14.3	21.0	147	4,812	839
Bronchitis, acute and chronic (99)	5.3	6.6	125	1,789	265
Pneumonia, all forms (100, 101)	3.3	1.4	42	1,121	55
Other diseases of the respiratory system (97, 98, 102–107)	5.7	13.0	228	1,902	519
Diseases of the digestive system (108–127)	18.6	33.4	180	6,249	1,333
Diseases of the pharynx (109)	5.9	15.7	266	1,978	627
Diseases of the stomach (111, 112)	4.2	4.4	105	1,421	177
Diarrhea and enteritis (114)	1.9	1.8	95	639	72
Appendicitis (117)	3.1	7.5	242	1,042	299
Hernia (118a)	1.5	.3	20	505	12
Other diseases of the digestive system (108, 110, 115, 116, 118b–127)	2.0	3.7	185	664	146

[1] Only those disabilities from sickness and nonindustrial accidents which lasted eight days or longer are included.

[2] Industrial accidents and certain diseases are not reported as explained in the text.

[3] Including organs of special sense (eyes, ears).

TABLE 4.—*Frequency of specified disabilities, classified according to sex, 1921–1924*—Continued

Diseases and conditions causing disability (with corresponding title numbers in parentheses from the International List of the Causes of Death, 1920 revision)	Annual number of cases per 1,000		Per cent of male rate	Number of cases	
	Males	Females		Males	Females
Nonvenereal diseases of the genito-urinary system and annexa (128–142)	2.5	4.4	176	858	177
Nephritis, acute and chronic (128, 129)	.7	.6	86	251	26
Other diseases in this group (130–142)	1.8	3.8	211	607	151
Diseases of the skin and cellular tissue (151–154)	3.5	3.2	91	1,173	130
Diseases of the bones and of the organs of locomotion (155–158)	4.4	2.4	55	1,471	97
Diseases of the bones and of the joints (155, 156)	1.3	1.0	77	436	42
Lumbago and other diseases of the organs of locomotion (158)	3.1	1.4	45	1,035	55
External causes (nonindustrial accidents) (165–203)	8.8	8.9	101	2,958	356
Ill-defined diseases and unknown causes (205)	2.3	12.6	548	787	503
Years of life exposed				336,525	39,967

SICKNESS FREQUENCY ACCORDING TO ESTABLISHMENTS REPORTING

Sickness rates for the three years ending December 31, 1924, are presented in Table 5 for those establishments which reported throughout this period. Even three-year averages show a wide range in the frequency of sickness in different industrial establishments, the men in establishment No. 1 having nearly three and one-half times as much serious sickness as the men in establishment No. 18. Among the factors which account for such wide differences in the male sickness rates by establishments may be mentioned the following:

(1) Artificial differences resulting from the nature of the by-laws and the administration of the funds. One association may approve sickness claims which others would disallow. The relative differences between wages and sickness benefits is also known to have an effect upon the number of sickness claims.

(2) Differences in age and physical fitness due to the type of work engaged in. In some industries and manufacturing establishments a process of selective recruitment of men of a high standard of physical fitness undoubtedly goes on as a result of the heavy nature of the work. It is to be expected that sickly people will not be found usually in heavy, strenuous trades, but are attracted to the light, sedentary occupations.

(3) Differences due to the influence upon health of the nature of the work and the working environment, and of home and community conditions.

TABLE 5.—*Frequency of illness among males during the three years ending December 31, 1924, by establishments which reported throughout this period* [1]

Establishments arrayed according to the size of the illness frequency rate	Years of life exposed, 1922–1924, inclusive	Number of cases which began in these three years	Annual number of cases per 1,000 men	Establishments arrayed according to the size of the illness frequency rate	Years of life exposed, 1922–1924, inclusive	Number of cases which began in these three years	Annual number of cases per 1,000 men
Total for establishments reporting continuously during the last 3 years	218,161	21,118	96.8	No. 8	3,246	417	128.5
				No. 9	14,738	1,877	127.4
				No. 10	3,887	375	96.5
				No. 11	30,000	2,764	92.1
				No. 12	3,647	332	91.0
No. 1	13,520	2,430	179.7	No. 13	10,082	760	75.4
No. 2	12,199	2,021	165.7	No. 14	2,635	186	70.6
No. 3	10,383	1,591	153.2	No. 15	44,046	3,041	69.0
No. 4	3,637	540	148.5	No. 16	9,248	611	66.1
No. 5	1,456	214	147.0	No. 17	27,006	1,601	59.3
No. 6	8,389	1,187	141.5	No. 18	18,376	948	51.6
No. 7	1,666	223	133.9				

[1] Includes only those cases of sickness and nonindustrial accidents which caused disability for eight consecutive days or longer.

NATURE OF THE ILLNESSES IN CERTAIN INDUSTRIES

In Table 6 the frequency of different diseases and groups of diseases is shown for men in iron and steel manufacturing, in the public utilities, and in a group of miscellaneous industries which include employees of the chemical, abrasive, paper, hat, clock, and certain other industries. The disability rate for men in the public utilities, which include street railway, gas, and electric light and power companies, was 52 per cent above the rate for men in the iron and steel industry and 20 per cent above the experience of the miscellaneous industries group. No specific disease or disease group accounted for the relatively high rates in the public utilities, the frequency of nearly all of the different illnesses shown in the table being somewhat higher in this industry. Comparatively heavy disability rates for nearly all the ailments, and especially for such diseases as pulmonary tuberculosis, grippe (nonepidemic), and diseases of the stomach suggest that the public utilities attract a less healthy type of worker than the steel industry. It is doubtful, however, that persons of a lower standard of physical fitness are attracted to the public utilities than occurs in the "other" industries group, because the sickness rates are low for several representative public service companies. The age distribution of persons on the pay roll, the policy of the different companies in regard to the retention or discharge of persons in poor health, and such artificial factors as the relative difference between wages and sickness benefits may affect the number of sickness claims to an extent sufficient to account for at least part of the 20 per cent excess in the illness frequency rate for public service corporations compared with industry in general as represented by the "other" industries group.

In the iron and steel industry the rates for most of the diseases were lower than for the other two industrial groups. Diseases of the nervous system and of the digestive system were notably infrequent, and a low frequency prevailed for bronchitis and for influenza and grippe. The heavy nature of the work in various occupations of the steel industry apparently causes a selective recruitment of exceptionally sturdy stock, and probably also a selective discharge from the industry of those who find themselves physically unfit for heavy work.

A few diseases, however, were more prevalent in steel than in the other industries. The epidemic and infectious disease rate was high. In this group smallpox, typhoid fever, and malaria accounted for practically all of the excess disability. There were twice as many cases of typhoid and of malaria per 1,000 men in iron and steel as in the other industries as a whole, and 21 times as many cases of smallpox. These diseases obviously are more of a problem in some communities than in others and in certain groups of the population than in other groups, and so may be more difficult to prevent in certain steel manufacturing cities than in places which produce other commodities; but the tendency toward higher epidemic and infectious disease rates in any industry or group of individuals should be under surveillance, and the possible causes studied as thoroughly as the conditions permit.

In the steel industry the pneumonia rate also was found to be markedly above its frequency in the other industries. This result suggested the desirability of a special study of pneumonia morbidity and mortality among iron and steel workers, and a paper presenting such statistics as are available on the subject is being prepared for publication.

TABLE 6.—*Frequency of sickness and nonindustrial accidents causing disability for eight consecutive days or longer among male wage earners, 1922–1924 inclusive, classified according to industries specified*

Diseases and conditions causing disability (with corresponding title numbers in parentheses from the International List of Causes of Death, 1920 revision)	Annual number of cases per 1,000 men			Number of cases		
	Iron and steel	Public utilities	Other industries [1]	Iron and steel	Public utilities	Other industries [1]
All diseases [2]	76.9	117.3	97.6	6,847	8,024	11,032
General diseases (1–69 except 38–40)	29.6	39.9	29.4	2,635	2,727	3,325
Epidemic and endemic diseases (1–10, 12–25)	3.7	2.8	2.0	330	188	222
Influenza and grippe (11)	16.7	25.4	18.8	1,483	1,740	2,124
Tuberculosis of the respiratory system (31)	1.4	2.2	.9	127	150	104
Cancer, all forms (43–50)	.6	.7	.4	57	50	47
Rheumatism, acute and chronic (51, 52)	5.1	6.3	5.2	450	432	588
Other general diseases (26–30, 32–37, 41, 42, 53–69)	2.1	2.5	2.1	188	167	240

[1] Including employees of the chemical, abrasive, paper, hat, clock, and certain other industries.
[2] Industrial accidents and certain diseases are not reported as explained in the third paragraph of the text.

TABLE 6.—*Frequency of sickness and nonindustrial accidents causing disability for eight consecutive days or longer among male wage earners, 1922–1924, inclusive, classified according to industries specified*—Continued

Diseases and conditions causing disability (with corresponding title numbers in parentheses from the International List of Causes of Death, 1920 revision)	Annual number of cases per 1,000 men			Number of cases		
	Iron and steel	Public utilities	Other industries	Iron and steel	Public utilities	Other industries
Diseases of the nervous system (70–86)[1]	3.9	6.6	6.7	345	453	752
Neuralgia, neuritis, sciatica (82)	1.5	2.7	2.2	130	186	248
Neurasthenia, nervousness, etc. (84)	.5	1.5	2.1	48	106	232
Other nervous diseases (70–81, 83)	.9	.7	.6	77	50	72
Diseases of the eyes (85)	.7	1.1	1.2	66	73	137
Diseases of the ears and of the mastoid process (86)	.3	.6	.6	24	38	63
Diseases of the circulatory system (87–96)	3.1	4.0	3.5	275	278	389
Diseases of the heart (87–90)	1.4	1.1	1.5	124	73	165
Diseases of the veins (93)	1.1	2.2	1.3	94	154	142
Other diseases of the circulatory system (91, 92, 94–96)	.6	.7	.7	57	51	82
Diseases of the respiratory system (97–107)	11.6	18.8	14.2	1,036	1,284	1,606
Bronchitis, acute and chronic (99)	2.9	7.7	5.5	260	529	618
Pneumonia, all forms (100, 101)	4.9	2.7	2.9	433	182	334
Other diseases of the respiratory system (97, 98, 102–107)	3.8	8.4	5.8	343	573	654
Diseases of the digestive system (108–127)	12.8	24.5	18.8	1,143	1,673	2,125
Diseases of the pharynx (109)	3.5	7.8	6.6	312	534	745
Diseases of the stomach (111, 112)	3.2	5.9	4.0	285	405	454
Diarrhea and enteritis (114)	1.4	2.6	1.7	125	175	195
Appendicitis (117)	2.3	4.1	3.0	209	278	337
Hernia (118a)	.9	1.9	1.4	77	129	158
Other diseases of the digestive system (108, 110, 115, 116, 118b–127)	1.5	2.2	2.1	135	152	236
Nonvenereal diseases of the genito-urinary system and annexa (128–142)	2.3	3.3	2.3	204	225	264
Nephritis, acute and chronic (128, 129)	.8	1.1	.5	69	76	63
Other diseases in this group (130–142)	1.5	2.2	1.8	135	149	201
Diseases of the skin and cellular tissue (151–154)	2.5	3.9	4.0	217	267	453
Diseases of the bones and of the organs of locomotion (155–158)	3.7	4.9	4.2	331	335	477
Diseases of the bones and of the joints (155, 156)	.8	1.4	1.2	70	96	141
Lumbago and other diseases of the organs of locomotion (158)	2.9	3.5	3.0	261	239	336
External causes (nonindustrial accidents) (165–203)	6.8	8.6	10.8	607	588	1,224
Ill-defined diseases and unknown causes (205)	.6	2.8	3.7	54	194	417
Average number of persons per year covered by the records				29,678	22,807	37,662
Years of life exposed				89,035	68,420	112,986

[1] Including organs of special sense (eyes, ears).

DURATION OF DISABILITIES IN 1924

The sickness rates presented in this and earlier papers on illness causing disability for at least one week have all been sickness incidence or frequency rates. Table 7 represents a beginning in the presentation of sickness severity rates for males under different maximum periods for which sick benefits are paid. Only a few of the reporting associations have the same benefit period, so that the severity rates under the several benefit periods indicated are based on altogether too little data to constitute an American morbidity experience table. When the data cover a larger number of establishments and a longer period of time they will be of more practical value.

Table 7, however, does show the large amount of time lost on account of influenza and grippe, and indicates that certain disease

groups, such as diseases of the nervous system, of the circulatory system, and of the genito-urinary system, are much more important from the standpoint of the amount of time lost from work than from the standpoint of their frequency of occurrence.

The longer average duration shown for certain diseases under the 26 weeks and 52 weeks benefit period compared with the 13 weeks period suggests the possibility of a tendency toward prolongation of disability when the benefit period is more liberal. The frequency of the very long cases—i. e., those lasting 80 days or longer—was found to be higher in the groups having a 52 weeks benefit period, but since these cases may have been of long duration on account of the age of the person sick, the frequency of cases lasting less than 80 days under the different waiting periods is believed to be a better indication of whether the suggested tendency is real or not. The frequency of cases lasting less than 80 days was found to be practically the same in the group having 13 weeks as the maximum period for which benefits can be paid as under the 52 weeks benefit period. Hence no general tendency toward longer incapacitation can be said to be in evidence when the benefit period covers an entire year.

TABLE 7.—*Calendar days of disability from cases which were closed in 1924, among male members of sick benefit associations, by diseases and disease groups causing disability for eight consecutive days or longer*

Diseases and conditions causing disability (with corresponding title numbers in parentheses from the International List of the Causes of Death, 1920 revision)	Calendar days of disability per case [1]			Calendar days of disability per 1,000 males [1]			Number of cases which were closed in 1924		
	Benefit period, in weeks			Benefit period, in weeks			Benefit period, in weeks		
	13	26	52	13	26	52	13	26	52
All diseases [2]	35.29	30.82	58.45	2,378	3,413	4,368	1,473	3,765	1,290
General diseases (1–69, except 38–40)	31.76	28.48	57.23	712	906	1,664	490	1,081	502
Epidemic and endemic diseases (1–10, 12–25)	26.85	27.94	44.90	117	69	153	95	84	59
Influenza and grippe (11)	22.90	17.57	34.49	220	327	468	210	632	234
Tuberculosis of the respiratory system (31)	84.04	100.04	161.29	96	138	224	25	47	24
Cancer, all forms (43–50)	45.06	50.10	109.81	35	29	102	17	20	16
Rheumatism, acute and chronic (51, 52)	37.08	38.69	78.08	183	260	601	108	228	133
Other general diseases (26–30, 32–37, 41, 42, 53–69)	37.97	40.16	55.47	61	83	116	35	70	36
Diseases of the nervous system (70–86) [2]	43.13	44.68	92.49	166	334	402	84	254	75
Neuralgia, neuritis, sciatica (82)	29.40	38.46	45.59	40	101	98	30	89	37
Neurasthenia, nervousness, etc. (84)	53.00	62.62	113.40	56	122	33	23	66	5
Other nervous diseases (70–81, 83)	55.40	64.71	212.56	38	40	222	15	21	18
Diseases of the eyes (85)	40.00	34.00	71.30	20	57	41	11	57	10
Diseases of the ears and of the mastoid process (86)	50.20	23.62	28.80	12	14	8	5	21	5
Diseases of the circulatory system (87–96)	45.03	43.12	87.70	124	156	310	60	123	61
Diseases of the heart (87–90)	65.18	61.93	121.82	51	75	233	17	41	33
Diseases of the veins (93)	33.09	24.37	35.00	48	31	36	32	43	18
Other diseases of the circulatory system (91, 92, 94–96)	48.64	44.03	70.00	25	50	41	11	39	10
Diseases of the respiratory system (97–107)	31.86	27.90	59.82	353	424	593	242	517	171
Bronchitis, acute and chronic (99)	30.35	22.18	66.21	110	134	131	79	205	34
Pneumonia, all forms (100, 101)	39.95	50.50	43.82	155	136	170	85	92	67
Other diseases of the respiratory system (97, 98, 102–107)	24.55	23.78	72.04	88	154	292	78	220	70

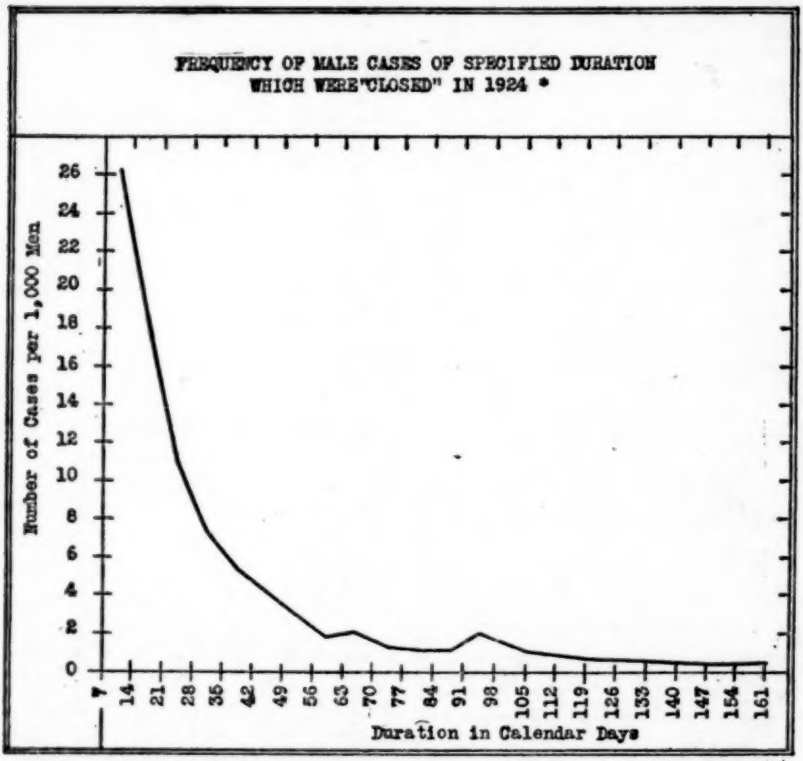
[1] Disability during the waiting period—i. e., the first seven days of disability—is included.
[2] Industrial accidents and certain diseases are not reported as explained in the third paragraph of the text.
[3] Including organs of special sense (eyes, ears).

TABLE 7.—*Calendar days of disability from cases which were closed in 1924, among male members of sick benefit associations, by diseases and disease groups causing disability for eight consecutive days or longer*—Continued

Diseases and conditions causing disability (with corresponding title numbers in parentheses from the International List of the Causes of Death, 1920 revision)	Calendar days of disability per case			Calendar days of disability per 1,000 males			Number of cases which were closed in 1924		
	Benefit period, in weeks			Benefit period, in weeks			Benefit period, in weeks		
	13	26	52	13	26	52	13	26	52
Diseases of the digestive system (108–127)	40.06	30.76	43.80	533	773	558	291	854	220
Diseases of the pharynx (109)	19.72	20.91	19.52	51	195	50	57	317	44
Diseases of the stomach (111, 112)	40.24	34.89	47.34	121	194	175	66	189	64
Diarrhea and enteritis (114)	46.86	25.82	48.25	45	69	56	21	91	20
Appendicitis (117)	48.83	42.03	51.43	161	121	146	72	98	49
Hernia (118a)	53.32	46.06	63.63	76	67	59	31	49	16
Other diseases of the digestive system (108, 110, 115, 116, 118b–127)	39.20	39.25	46.07	79	127	72	44	110	27
Nonvenereal diseases of the genito-urinary system and annexa (128–142)	41.49	45.56	109.35	101	138	273	53	103	43
Nephritis, acute and chronic (128, 129)	60.12	43.29	178.88	47	36	166	17	28	16
Other diseases in this group (130–142)	32.69	46.41	68.15	54	102	107	36	75	27
Diseases of the skin and cellular tissue (151–154)	23.91	24.53	35.92	49	117	81	45	162	39
Diseases of the bones and of the organs of locomotion (155–158)	38.91	25.80	37.51	60	130	152	34	172	70
Diseases of the bones and of the joints (155, 156)	48.36	31.40	31.00	31	37	7	14	40	4
Lumbago and other diseases of the organs of locomotion (158)	32.30	24.10	37.91	29	93	145	20	132	66
External causes (nonindustrial accidents) (165–203)	34.85	27.95	43.08	252	322	242	158	392	97
Ill-defined diseases and unknown causes (205)	38.56	35.88	133.92	28	113	93	16	107	12
Number of sick benefit associations included	8	5	2						
Average number of male members in 1924	21,853	33,995	17,261						

In Table 8 and Figure 4 the distribution of male cases is shown according to their duration. At first there is an abrupt decrease in the frequency as the duration increases. The number of cases lasting 21 days, for example, is only about one-half the number lasting 8 days. After the third or fourth week the decrease in sickness frequency becomes less abrupt until the curve gradually flattens out. The hump in the graph from the ninety-first to the ninety-eighth day is due to the inclusion of a group of associations which pay sick benefits for 13 weeks only, the record for cases which normally would last longer than 13 weeks being automatically terminated on the ninety-eighth day (13 weeks benefit period plus 1 week waiting period).

A curve of this sort is of considerable interest when comparing the sickness in one period with that of another. The aim of industrial medical service is to push the curve to the wall; i. e., to flatten it out toward the left as much as possible, as well as to reduce its level; in short, to corner it. The extent to which this is accomplished from time to time can be shown graphically by comparing the curve of duration in one period with that of another period. It is important to know whether the frequency of the longer cases, especially, is increasing or decreasing.



* Experience of 73,109 male members of sick benefit associations which keep a record of cases from the first to the 98th day of continuous disability, of 51,256 male members of associations which record from the first to the 189th day of continuous disability.

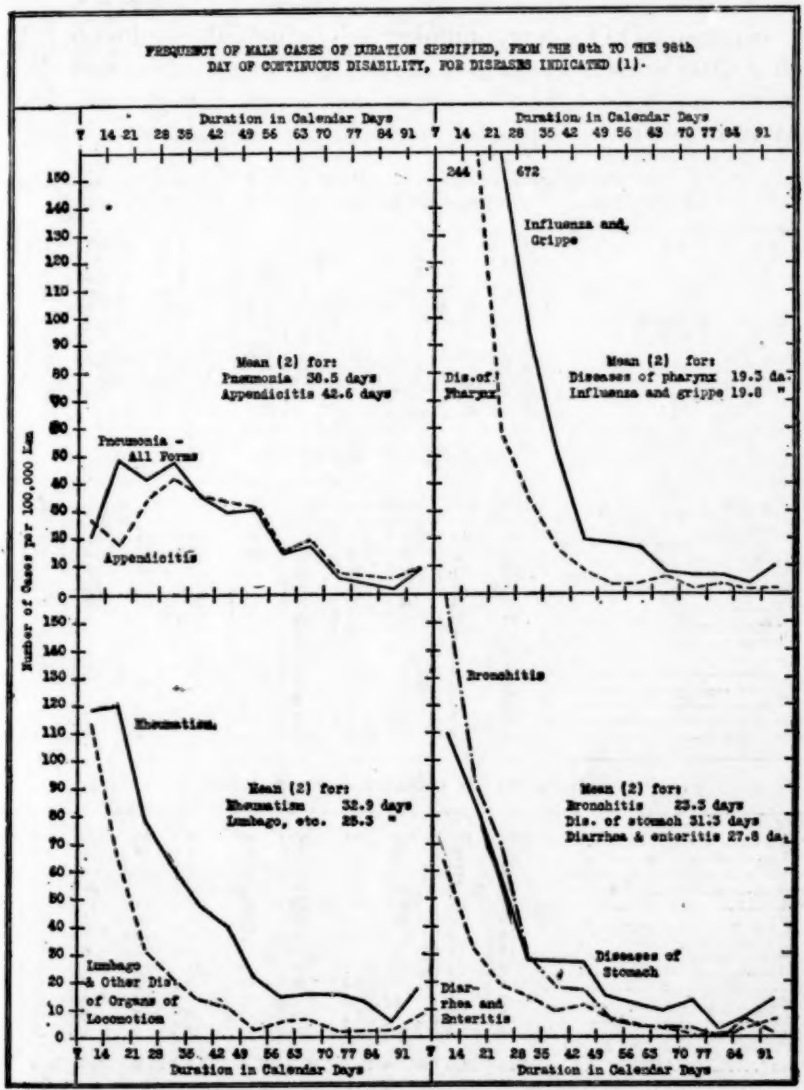
Fig. 4.

TABLE 8.—*Frequency of male cases of specified duration which were "closed" in 1924*[1]

Duration in calendar days	Number of cases	Number of cases per 1,000 men	Duration in calendar days	Number of cases	Number of cases per 1,000 men
All days	6,528		78–84	82	1.12
8–14	1,921	26.28	85–91	84	1.15
15–21	1,329	18.18	92–98	145	1.98
22–28	796	10.89	99–112	70	.96
29–35	535	7.32	113–126	44	.60
36–42	389	5.32	127–140	31	.42
43–49	296	4.05	141–154	24	.33
50–56	207	2.83	155–168	31	.42
57–63	135	1.85	169–182	22	.30
64–70	150	2.05	183–196	64	.88
71–77	89	1.22	More than 196	84	

[1] Experience of 73,109 male members of sick benefit associations which keep a record of cases from the first to the ninety-eighth day of continuous disability, of 51,256 male members of associations which record from the first to the one hundred and eighty-ninth day of continuous disability, and of 17,261 male members of associations which record from the first to the three hundred and seventy-second day of continuous disability.

In Table 9 and Figure 5 the frequency of cases of different duration is shown for certain diseases. A striking difference is seen in the duration curve for pneumonia and for appendicitis compared with diseases of the pharynx and with influenza and grippe. For


FREQUENCY OF MALE CASES OF DURATION SPECIFIED, FROM THE 8th TO THE 98th DAY OF CONTINUOUS DISABILITY, FOR DISEASES INDICATED (1).
Duration in Calendar Days
7 14 21 28 35 42 49 56 63 70 77 84 91
Number of Cases per 100,000 Men
Pneumonia - All Forms
Appendicitis
Mean (2) for:
Pneumonia 30.5 days
Appendicitis 42.6 days
244
672
Influenza and Grippe
Dis.of Pharynx
Mean (2) for:
Diseases of pharynx 19.3 da
Influenza and grippe 19.8 "
Rheumatism
Lumbago & Other Dis. of Organs of Locomotion
Mean (2) for:
Rheumatism 32.9 days
Lumbago, etc. 25.3 "
Bronchitis
Diarrhea and Enteritis
Diseases of Stomach
Mean (2) for:
Bronchitis 23.3 days
Dis. of stomach 31.3 days
Diarrhea & enteritis 27.8 da.

(1) Cases included are those which were "closed" in 1924 in a group of 73,109 male members of 10 large establishment sick benefit funds.
(2) Exclusive of cases lasting more than 98 days.

Fig. 5.

the larger associations it would be of interest to compare the frequency of different diseases according to their duration with the results given in the table. The rate of occurrence of cases lasting longer than the expected duration is of particular interest, because

one of the aims of industrial medical service is to get the patient back to his work as soon as practicable. A method of ascertaining the extent to which this has been accomplished over a fairly long period is to compare for the more important diseases the frequency of cases of different duration with the expected frequency based on the experience of a large number of industrial employees. If a higher than expected rate is found for the longer cases, and the results are not explained by the age of the persons sick, it would appear that an opportunity exists for more effective medical attention.

TABLE 9.—*Frequency of male cases of duration specified, from the eighth to the ninety-eighth day of continuous disability, for diseases indicated* [1]

Duration of disability, in calendar days	Influenza and grippe (11)	Bronchitis (99)	Pneumonia (100, 101)	Diseases of the pharynx (109)	Diseases of the stomach (111, 112)	Diarrhea and enteritis (114)	Appendicitis (117)	Diseases of the skin (151–154)	Lumbago and other diseases of organs of locomotion (158)	Rheumatism (51, 52)	Nonindustrial accidents (165–203)
NUMBER OF CASES											
Total, 8 to 98	1,058	306	228	413	302	127	211	240	212	423	629
8–14	491	116	16	178	81	45	20	90	84	87	204
15–21	285	69	36	136	62	24	13	57	48	88	117
22–28	115	51	31	43	42	14	25	40	23	58	82
29–35	68	22	35	24	21	11	31	14	16	46	47
36–42	37	14	26	12	21	7	26	15	10	35	47
43–49	14	13	22	6	20	9	25	7	8	30	37
50–56	13	5	23	2	11	5	23	5	2	16	24
57–63	12	3	11	2	9	3	11	2	4	11	11
64–70	5	3	13	5	7	2	15	3	5	12	17
71–77	4	3	4	1	10	0	6	2	2	12	17
78–84	5	0	3	2	2	1	5	3	2	10	10
85–91	2	5	1	1	6	2	4	2	2	4	7
92–98	7	2	7	1	10	4	7	0	6	14	9
NUMBER OF CASES PER 100,000 MEN											
8–14	672	159	22	244	111	62	27	123	115	119	279
15–21	390	94	49	186	85	33	18	78	66	120	160
22–28	157	70	42	59	58	19	34	55	32	79	112
29–35	93	30	48	33	29	15	42	19	22	63	64
36–42	51	19	36	16	29	10	36	21	14	48	64
43–49	19	18	30	8	27	12	34	10	11	41	51
50–56	18	7	31	3	15	7	32	7	3	22	33
57–63	16	4	15	3	12	4	15	3	6	15	15
64–70	7	4	18	7	10	3	21	4	7	16	23
71–77	6	4	6	1	14	0	8	3	3	16	23
78–84	7	0	4	3	3	1	7	4	3	14	14
85–91	3	7	1	1	8	3	6	3	3	6	10
92–98	10	3	10	1	14	6	10	0	8	19	12
Mean [2]	19.8	23.3	38.5	19.3	31.3	27.8	42.6	23.0	25.3	32.9	28.7

[1] Cases included are those which were "closed" in 1924 in a group of 73,109 male members of 10 large establishment sick benefit funds.
[2] Exclusive of cases lasting more than 98 days.

SUMMARY

1. Although statistics of sickness incidence based upon the reports of industrial mutual benefit associations of cases causing disability for eight consecutive days or longer are understatements of the amount

of serious illness actually occurring, on account of the common practice of refusing cash benefits for the venereal diseases and for certain other causes of disability, they do afford some knowledge of the relative frequency of different diseases in a sample of the industrial population of the country.

2. Influenza and grippe was not so prevalent in 1924 as in either 1922 or 1923, but still remained the leading cause of disability lasting eight days or longer.

3. Nonindustrial accidents were the second most frequent cause in each of the last three years, and the rate appears to be steadily increasing.

4. Respiratory diseases accounted for 47 per cent of all the cases of sickness reported during the last five years.

5. Less disability was reported in January, February, and March, 1924, than in the same months of each of the four preceding years.

6. The frequency of eight days or longer disabilities was 44 per cent higher among female than among male industrial employees, although the comparison included only those diseases which are common to both sexes.

7. The men in the establishment which had the highest sickness rate for the three years ending December 31, 1924, experienced nearly three and one-half times as many cases as the men in the plant which had the lowest illness rate.

8. There was considerably more sickness reported among men employed in public utilities than in iron and steel manufacturing, and in a group of miscellaneous industries; and the frequency of certain diseases varied considerably according to industry. In iron and steel manufacturing there were relatively few diseases of the nervous system and of the digestive system reported, and the incidence rate for bronchitis and for influenza and grippe was low. On the other hand, a higher rate was found for certain epidemic and infectious diseases such as smallpox, typhoid fever, and malaria, and the pneumonia rate among iron and steel workers was well above its frequency in the other industries included in the study.

9. Sickness severity rates for the year 1924 under three different benefit periods indicate that certain disease groups, such as diseases of the nervous system, of the circulatory system, and of the genito-urinary system, are much more important from the standpoint of the amount of time lost from work than from the standpoint of their frequency of occurrence. "Influenza and grippe," however, is important from both points of view. No general tendency toward longer incapacitation appears to be in evidence under longer benefit periods.

INCREASING DEMAND FOR PUBLIC HEALTH COURSES

Texas A. & M. College Augments its Curriculum in Public Health

According to a recent Weekly News Letter issued by the Texas State Board of Health, the State Agricultural and Mechanical College of Texas will, beginning this year, offer a new course in public-health education—rural sanitation. The course will be elective and will include subjects most vitally related to health in rural districts, such as the following: Safe sewage disposal for rural homes; safeguarding farm water supplies; malaria control; hookworm control; sanitation of rural schools; milk as a disease-carrying vehicle; sanitary requirements of municipalities governing rural dairies; community and county health work; and the general relation of sanitation to health.

As the News Letter states, this expansion in the public-health curriculum is evidence of the increasing interest in public health work.

This is the second course in public health that is being offered by this college, the other course being that of "City management and sanitary engineering." It is stated that the latter course was made necessary by the great demand by the municipalities of the State for trained health workers in this comparatively new field of service that is appealing to the best talent of the country. The course includes the following subjects: City government; the administration of city departments; city planning; public utilities; principles and methods of sewage treatment; water purification; garbage and refuse collection and disposal; mosquito control; and sanitation and public health.

In addition to these courses, special public-health subjects are also being offered by Baylor College; and from present indications similar courses will, in the near future, be given by other colleges and universities of the State.

DEATHS DURING WEEK ENDED JANUARY 9, 1926

Summary of information received by telegraph from industrial insurance companies for week ended January 9, 1926, and corresponding week of 1925. (From the Weekly Health Index, January 12, 1926, issued by the Bureau of the Census, Department of Commerce)

	Week ended Jan. 9, 1926	Corresponding week 1925
Policies in force	60, 559, 182	58, 318, 201
Number of death claims	12, 506	11, 695
Death claims per 1,000 policies in force, annual rate	10. 8	10. 5

Deaths from all causes in certain large cities of the United States during the week ended January 9, 1926, infant mortality, annual death rate, and comparison with corresponding week of 1925. (From the Weekly Health Index, January 12, 1926, issued by the Bureau of the Census, Department of Commerce)

City	Week ended Jan. 9, 1926		Annual death rate per 1,000 corresponding week 1925	Deaths under 1 year		Infant mortality rate week ended Jan. 9, 1926 [2]
	Total deaths	Death rate [1]		Week ended Jan. 9, 1926	Corresponding week 1925	
Total (69 cities)	8,709	15.6	14.6	569	922	[3] 71
Akron	52			11	8	117
Albany [4]	53	23.5	17.3	5	1	105
Atlanta	63			10	14	
White	39			8		
Colored	24	(5)		2		
Baltimore [4]	270	17.7	20.0	24	21	70
White	212			18		
Colored	58	(5)		6		
Birmingham	98	24.8	20.8	15	14	
White	50			6		
Colored	48	(5)		7		
Boston	249	16.7	17.1	27	45	76
Bridgeport	30			3	0	51
Buffalo	175	17.0	15.4	20	17	83
Cambridge	28	12.2	15.7	6	0	100
Camden	41	16.6	15.4	6	4	101
Canton	25	12.3	11.8	5	3	111
Chicago [4]	739	12.9	14.3	73	115	65
Cincinnati	169	21.5	17.1	11	14	68
Cleveland	240	13.4	10.4	30	24	78
Columbus	81	15.1	15.5	6	7	55
Dallas	56	15.1	11.1	7	7	
White	43			6		
Colored	13	(5)		1		
Dayton	40	12.1	11.5	7	2	110
Denver	74	13.7	15.0	5	8	
Des Moines	47	16.4	11.2	2	2	33
Detroit	314	13.1	10.9	59	49	95
Duluth	24	11.3	11.8	5	2	117
El Paso	42	20.9	17.4	6	8	
Erie	32			4	6	76
Fall River [4]	33	13.3	12.5	5	3	73
Flint	23	9.2	6.8	5	1	83
Fort Worth	36	12.3	10.9	7	6	
White	30			6		
Colored	6	(5)		1		
Grand Rapids	40	13.6	12.9	2	2	29
Houston	73	23.1	16.1	10	5	
White	57			9		
Colored	16	(5)		1		
Indianapolis	102	14.8	14.2	7	5	53
White	83			6		
Colored	19	(5)		1		
Jacksonville	56	27.8	23.4	7	2	153
Jersey City	86	14.2	14.9	11	12	78
Kansas City, Kans	40	18.0	16.6	1	4	17
White	28			1		21
Colored	12	(5)		0		0
Kansas City, Mo	88	12.5	13.2	7	2	
Los Angeles	285			26	36	72
Louisville	86	14.8	12.9	10	12	86
White	66			9		90
Colored	20	(5)		1		63
Lowell	45	21.3	15.6	8	8	149
Lynn	35	17.7	13.2	1	3	25

[1] Annual rate per 1,000 population.

[2] Deaths under 1 year per 1,000 births—an annual rate based on deaths under 1 year for the week and estimated births for 1924. Cities left blank are not in the registration area for births.

[3] Data for 64 cities.

[4] Deaths for week ended Friday, January 8, 1926.

[5] In the cities for which deaths are shown by color, the colored population in 1920 constituted the following per cents of the total population: Atlanta 31, Baltimore 15, Birmingham 39, Dallas 15, Fort Worth 14, Houston 25, Kansas City, Kans., 14, Louisville 17, Memphis 38, Nashville 30, New Orleans 26, Norfolk 38, Richmond 32, and Washington, D. C., 25.

Deaths from all causes in certain large cities of the United States during the week ended January 9, 1926, infant mortality, annual death rate, and comparison with corresponding week of 1925. (*From the Weekly Health Index, January 12, 1926, issued by the Bureau of the Census, Department of Commerce*)—Contd.

City	Week ended Jan. 9, 1926		Annual death rate per 1,000 corresponding week 1925	Deaths under 1 year		Infant mortality rate week ended Jan. 9, 1926
	Total deaths	Death rate		Week ended Jan. 9, 1926	Corresponding week 1925	
Memphis	70	20.9	20.3	10	1	
White	36			5		
Colored	34	(3)		5		
Milwaukee	138	14.3	11.4	22	15	102
Minneapolis	107	13.1	12.6	12	12	67
Nashville [4]	48	18.4	17.2	8	7	
White	28			5		
Colored	20	(3)		3		
New Bedford	29	12.6	7.9	5	1	87
New Haven	58	16.9	12.5	5	4	68
New Orleans	181	22.8	18.1	20	16	
White	95			8		
Colored	86	(3)		12		
New York	1,720	15.3	14.7	148	186	60
Bronx Borough	194	11.6	11.3	12	21	40
Brooklyn Borough	556	13.2	12.4	54	65	55
Manhattan Borough	741	19.9	20.2	62	72	68
Queens Borough	173	12.6	10.1	15	22	68
Richmond Borough	56	21.1	21.1	5	6	88
Newark, N. J	118	13.6	17.4	8	27	38
Norfolk	37			4	2	74
White	18			1		30
Colored	19	(3)		3		149
Oakland	81	16.6	13.2	6	3	69
Oklahoma City	28			3	4	
Omaha	58	14.3	8.4	6	1	62
Paterson	45	16.6	20.6	4	4	70
Philadelphia	668	17.6	16.3	68	67	90
Pittsburgh	240	19.8	13.6	27	22	90
Portland, Oreg	59	10.9	12.6	2	1	20
Providence	94	18.3	11.5	9	8	75
Richmond	66	18.5	14.5	7	7	88
White	38			3		59
Colored	28	(3)		4		140
Rochester	85	14.0	12.2	8	6	64
St. Louis	228	14.5	18.2	14	28	
St. Paul	68	14.4	10.0	6	7	53
Salt Lake City [4]	33	13.1	13.5	2	4	28
San Antonio	56	14.7	18.2	8	8	
San Diego	41	20.2	17.6	1	12	21
San Francisco	234	21.9	16.2	9	3	54
Schenectady	29	16.3	10.7	0	2	0
Seattle	93			9	2	83
Somerville	29	15.3	10.0	1	2	26
Spokane	29	13.9	14.4	2	2	47
Springfield, Mass	35	12.8	13.6	6	5	87
Syracuse	48	13.8	12.6	4	6	51
Tacoma	28	14.0	17.0	4	2	93
Toledo	89	16.1	13.4	13	7	126
Trenton	48	19.0	23.3	2	7	33
Washington, D. C	178	18.6	13.3	8	10	45
White	123			7		
Colored	55	(3)		1		
Waterbury	26			4	4	86
Wilmington, Del	34	14.5	15.4	5	7	117
Worcester	68	18.6	11.8	4	5	46
Yonkers	27	12.4	10.6	0	5	0
Youngstown	34	11.1	10.8	5	4	64

[4] Deaths for week ended Friday, January 8, 1926.

[3] In the cities for which deaths are shown by color, the colored population in 1920 constituted the following per cents of the total population: Atlanta 31, Baltimore 15, Birmingham 39, Dallas 15, Fort Worth 14, Houston 25, Kansas City, Kans., 14, Louisville 17, Memphis 38, Nashville 30, New Orleans 26, Norfolk 38, Richmond 32, and Washington, D. C., 25.

PREVALENCE OF DISEASE

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring

UNITED STATES

CURRENT WEEKLY STATE REPORTS

These reports are preliminary, and the figures are subject to change when later returns are received by the State health officers

Reports for Week Ended January 16, 1926.

ALABAMA

	Cases
Cerebrospinal meningitis	2
Chicken pox	39
Dengue	1
Diphtheria	25
Influenza	147
Malaria	7
Measles	21
Mumps	195
Pellagra	2
Pneumonia	240
Poliomyelitis	1
Scarlet fever	24
Smallpox	49
Tetanus	1
Tuberculosis	46
Typhoid fever	9
Whooping cough	18

ARIZONA

Chicken pox	31
Diphtheria	6
Measles	2
Mumps	1
Pellagra	1
Pneumonia	1
Scarlet fever	32
Smallpox	1
Trachoma	2
Tuberculosis	12
Whooping cough	7

ARKANSAS

Chicken pox	20
Diphtheria	6
Hookworm disease	1
Influenza	174
Malaria	28
Mumps	2
Pellagra	4
Scarlet fever	9
Smallpox	1
Trachoma	3
Tuberculosis	6
Typhoid fever	4
Whooping cough	9

CALIFORNIA

	Cases
Cerebrospinal meningitis:	
Modesto	1
Sacramento	2
San Francisco	1
Chicken pox	260
Diphtheria	80
Influenza	614
Lethargic encephalitis—Sonora	1
Measles	38
Mumps	161
Scarlet fever	139
Smallpox:	
Los Angeles	85
Los Angeles County	10
Riverside	10
Scattering	40
Typhoid fever	16
Whooping cough	80

COLORADO

Chicken pox	77
Diphtheria	16
Impetigo contagiosa	1
Measles	4
Mumps	15
Pneumonia	5
Scarlet fever	41
Tuberculosis	23
Typhoid fever	1
Whooping cough	36

CONNECTICUT

Chicken pox	148
Diphtheria	41
German measles	7
Influenza	5
Measles	475
Mumps	15
Ophthalmia neonatorum	1
Pneumonia (broncho)	52
Pneumonia (lobar)	51
Scarlet fever	74
Septic sore throat	1
Tuberculosis (all forms)	25
Typhoid fever	3
Whooping cough	80

DELAWARE

	Cases
Chicken pox	2
Diphtheria	4
Influenza	4
Measles	17
Mumps	1
Pneumonia	2
Scarlet fever	7
Tuberculosis	24
Typhoid fever	1
Whooping cough	3

FLORIDA

Chicken pox	39
Dengue	2
Diphtheria	17
German measles	1
Influenza	11
Malaria	7
Measles	3
Mumps	27
Pneumonia	17
Scarlet fever	6
Smallpox	89
Tuberculosis	4
Typhoid fever	6
Whooping cough	4

GEORGIA

Cerebrospinal meningitis	1
Chicken pox	25
Conjunctivitis (infectious)	1
Diphtheria	27
Dysentery	1
Hookworm disease	4
Influenza	335
Lethargic encephalitis	1
Malaria	12
Measles	32
Mumps	29
Paratyphoid fever	1
Pneumonia	126
Scarlet fever	7
Septic sore throat	11
Smallpox	7
Tetanus	2
Tuberculosis	21
Typhoid fever	10
Typhus fever	2
Whooping cough	8

ILLINOIS

Diphtheria	108
Influenza	29
Measles	357
Pneumonia	380
Poliomyelitis:	
Edgar County	1
Piatt County	1
Vermilion County	1
Scarlet fever	381
Smallpox:	
Marshall County	12
Scattering	43
Tuberculosis	221
Typhoid fever	21
Whooping cough	165

INDIANA

	Cases
Chicken pox	118
Diphtheria	36
Influenza	50
Measles	490
Mumps	5
Pneumonia	19
Poliomyelitis	1
Scarlet fever	264
Smallpox	164
Tuberculosis	27
Typhoid fever	6
Whooping cough	136

IOWA

Chicken pox	60
Diphtheria	19
Measles	115
Mumps	27
Pneumonia	1
Scarlet fever	65
Smallpox	32
Typhoid fever	1
Whooping cough	10

KANSAS

Cerebrospinal meningitis—Conway Springs	1
Chicken pox	129
Diphtheria	22
German measles	1
Influenza	25
Measles	72
Mumps	13
Pneumonia	78
Scarlet fever	94
Smallpox:	
Hoisington	19
Scattering	3
Tuberculosis	52
Typhoid fever	5
Whooping cough	57

LOUISIANA

Diphtheria	22
Influenza	41
Malaria	3
Pneumonia	50
Scarlet fever	17
Smallpox	34
Tuberculosis	55
Typhoid fever	24
Whooping cough	9

MAINE

Cerebrospinal meningitis	1
Chicken pox	14
Diphtheria	7
Influenza	3
Measles	4
Mumps	34
Paratyphoid fever	1
Pneumonia	15
Poliomyelitis	1
Scarlet fever	25
Septic sore throat	2
Tuberculosis	3
Typhoid fever	4
Whooping cough	19

MARYLAND [1]

	Cases
Cerebrospinal meningitis	2
Chicken pox	160
Diphtheria	28
Dysentery	3
German measles	1
Influenza	96
Measles	749
Mumps	128
Ophthalmia neonatorum	4
Pneumonia (broncho)	69
Pneumonia (lobar)	126
Scarlet fever	47
Tetanus	1
Tuberculosis	85
Typhoid fever	3
Typhus fever	1
Vincent's angina	1
Whooping cough	48

MASSACHUSETTS

Cerebrospinal meningitis	7
Chicken pox	283
Conjunctivitis (suppurative)	24
Diphtheria	105
German measles	53
Hookworm disease	1
Influenza	12
Measles	1,550
Mumps	81
Ophthalmia neonatorum	24
Pneumonia (lobar)	184
Scarlet fever	280
Septic sore throat	1
Trachoma	4
Trichinosis	1
Tuberculosis (pulmonary)	128
Tuberculosis (other forms)	37
Typhoid fever	7
Whooping cough	404

MICHIGAN

Diphtheria	68
Measles	844
Pneumonia	192
Scarlet fever	345
Smallpox	7
Tuberculosis	57
Typhoid fever	13
Whooping cough	293

MINNESOTA

Cerebrospinal meningitis	1
Chicken pox	189
Diphtheria	68
Influenza	2
Lethargic encephalitis	1
Measles	17
Pneumonia	6
Poliomyelitis	2
Scarlet fever	277
Smallpox	9
Tuberculosis	47
Typhoid fever	4
Whooping cough	35

[1] Week ended Friday.

MISSISSIPPI

	Cases
Diphtheria	15
Scarlet fever	9
Smallpox	14
Typhoid fever	3

MISSOURI

Cerebrospinal meningitis	1
Chicken pox	69
Diphtheria	73
Influenza	19
Measles	20
Mumps	47
Pneumonia	9
Rabies	2
Scarlet fever	197
Smallpox	2
Tuberculosis	34
Typhoid fever	9
Whooping cough	15

MONTANA

Chicken pox	37
Diphtheria	6
German measles	3
Measles	10
Mumps	82
Scarlet fever	43
Smallpox	5
Tuberculosis	3
Typhoid fever	1
Whooping cough	8

NEBRASKA

Chicken pox	11
Diphtheria	15
German measles	1
Influenza	2
Measles	3
Mumps	4
Scarlet fever	35
Smallpox	19
Typhoid fever	2
Whooping cough	20

NEW JERSEY

Chicken pox	386
Diphtheria	113
Influenza	24
Leprosy	1
Measles	1,028
Pneumonia	279
Scarlet fever	254
Typhoid fever	9
Whooping cough	63

NEW MEXICO

Chicken pox	27
Diphtheria	4
Influenza	5
Measles	5
Mumps	6
Pneumonia	16
Poliomyelitis	1
Rabies (in animals)	1
Scarlet fever	11
Trachoma	1

NEW MEXICO—continued

	Cases
Tuberculosis	20
Typhoid fever	1
Vincent's angina	1
Whooping cough	20

NEW YORK

(Exclusive of New York City)

Diphtheria	89
Influenza	43
Lethargic encephalitis	1
Measles	725
Pneumonia	423
Poliomyelitis	3
Scarlet fever	240
Smallpox	2
Typhoid fever	38
Whooping cough	347

NORTH CAROLINA

Cerebrospinal meningitis	1
Chicken pox	145
Diphtheria	29
German measles	5
Measles	44
Scarlet fever	54
Septic sore throat	3
Smallpox	42
Typhoid fever	4
Whooping cough	77

OKLAHOMA

(Exclusive of Tulsa and Oklahoma City)

Cerebrospinal meningitis—Muskogee	1
Chicken pox	45
Diphtheria	21
Influenza	308
Malaria	12
Measles	3
Mumps	4
Pellagra	3
Pneumonia	183
Scarlet fever	39
Typhoid fever	13
Whooping cough	34

OREGON

Cerebrospinal meningitis	1
Chicken pox	26
Diphtheria	15
Influenza	21
Measles	8
Mumps	43
Ophthalmia neonatorum	1
Penumonia	[1] 12
Scarlet fever	40
Smallpox:	
Deschutes County	31
Scattering	19
Tuberculosis	9
Typhoid fever	2
Whooping cough	19

[1] Deaths.

PENNSYLVANIA

	Cases
Cerebrospinal meningitis—Beaver Meadows	1
Chicken pox	748
Diphtheria	228
German measles	18
Measles	2,350
Mumps	212
Ophthalmia neonatorum—Philadelphia	4
Pneumonia	56
Poliomyelitis	2
Scabies	10
Scarlet fever	516
Tuberculosis	119
Typhoid fever	30
Whooping cough	273

RHODE ISLAND

Chicken pox	6
Diphtheria	17
German measles	4
Influenza	10
Measles	468
Ophthalmia neonatorum	2
Pneumonia	1
Scarlet fever	10
Tuberculosis	4
Whooping cough	3

SOUTH DAKOTA

Anthrax	1
Chicken pox	14
Diphtheria	3
Measles	1
Mumps	107
Pneumonia	1
Scarlet fever	35
Smallpox	4
Typhoid fever	1
Whooping cough	2

TENNESSEE

Cerebrospinal meningitis—Blount County	1
Chicken pox	37
Diphtheria	18
Influenza	180
Lethargic encephalitis—Blount County	1
Malaria	4
Measles	152
Mumps	14
Pellagra	5
Pneumonia	151
Scarlet fever	22
Smallpox	11
Tuberculosis	20
Typhoid fever	4
Whooping cough	32

TEXAS

Cerebrospinal meningitis	1
Chicken pox	37
Dengue	4
Diphtheria	37
Influenza	91

TEXAS—continued	Cases
Paratyphoid fever	2
Pellagra	5
Pneumonia	30
Scarlet fever	33
Smallpox	20
Tuberculosis	25
Typhoid fever	4
Whooping cough	37
UTAH	
Cerebrospinal meningitis—Salt Lake City	1
Chicken pox	87
Diphtheria	10
Influenza	14
Measles	2
Mumps	48
Pneumonia	10
Scarlet fever	14
Smallpox	16
Tuberculosis	1
Whooping cough	32
VERMONT	
Chicken pox	41
Measles	1
Mumps	69
Scarlet fever	22
Typhoid fever	2
Whooping cough	52
VIRGINIA	
Smallpox	8
WASHINGTON	
Cerebrospinal meningitis—Spokane	2
Chicken pox	107
Diphtheria	17
German measles	12
Measles	11
Mumps	109
Scarlet fever	113
Smallpox:	
Tacoma	20
Yakima County	35
Scattering	38
Tuberculosis	48
Typhoid fever	1
Whooping cough	40
WEST VIRGINIA	
Diphtheria	8
Scarlet fever	11
Typhoid fever	2
WISCONSIN	
Milwaukee:	
Cerebrospinal meningitis	3
Chicken pox	151
Diphtheria	41
German measles	2
Influenza	1
Measles	7
Mumps	28
Pneumonia	24
Scarlet fever	21
Tuberculosis	14
Typhoid fever	5
Whooping cough	58
Scattering:	
Chicken pox	270
Diphtheria	25
German measles	5
Influenza	41
Lethargic encephalitis	1
Measles	148
Mumps	366
Pneumonia	39
Poliomyelitis	1
Scarlet fever	183
Smallpox	12
Trachoma	2
Tuberculosis	14
Typhoid fever	3
Whooping cough	98
WYOMING	
Chicken pox	9
Diphtheria	7
German measles	1
Influenza	4
Measles	4
Mumps	7
Pneumonia	1
Scarlet fever	11
Whooping cough	6

Reports for Week Ended January 9, 1926

DISTRICT OF COLUMBIA	Cases
Chicken pox	28
Diphtheria	59
Influenza	3
Measles	12
Pneumonia	85
Scarlet fever	25
Tuberculosis	6
Whooping cough	7
IOWA	
Chicken pox	41
Diphtheria	23
Measles	117
Mumps	29
Pneumonia	2
Scarlet fever	72
IOWA—continued	
Smallpox	27
Whooping cough	32
NORTH DAKOTA	
Cerebrospinal meningitis	2
Chicken pox	29
Diphtheria	9
German measles	4
Lethargic encephalitis	1
Mumps	66
Pneumonia	11
Scarlet fever	86
Smallpox	9
Trachoma	1
Tuberculosis	2
Typhoid fever	16

SUMMARY OF MONTHLY REPORTS FROM STATES

The following summary of monthly State reports is published weekly and covers only those States from which reports are received during the current week:

State	Cerebrospinal meningitis	Diphtheria	Influenza	Malaria	Measles	Pellagra	Poliomyelitis	Scarlet fever	Smallpox	Typhoid fever
August, 1925										
Colorado	----	84	2	----	5	----	11	54	1	71
September, 1925										
Colorado	----	149	----	----	18	----	6	43	1	87
October, 1925										
Nebraska	----	81	----	----	----	----	46	84	----	7
November, 1925										
Nebraska	2	20	----	----	----	----	14	106	----	12
December, 1925										
Arkansas	2	27	303	113	6	21	0	45	11	56
Colorado	----	113	3	----	30	----	1	91	4	25
Georgia	----	93	667	62	14	18	2	30	22	61
Indiana	3	228	145	----	----	----	2	918	----	38
Nebraska	3	47	1	----	----	----	2	178	----	10
North Dakota	----	28	5	----	14	----	2	281	10	7

PLAGUE-ERADICATIVE MEASURES IN THE UNITED STATES

The following items were taken from the reports of plague-eradicative measures from the cities named:

Los Angeles, Calif.

Week ended Jan. 2, 1926:

Number of rats trapped	1,928
Number of rats found to be plague infected	0
Number of squirrels examined	448
Number of squirrels found to be plague infected	0
Number of mice trapped	2,340
Number of mice found to be plague infected	0

Date of discovery of last plague-infected rodent, Nov. 6, 1925.
Date of last human case, Jan. 15, 1925.

Oakland, Calif.

(Including other East Bay communities)

Week ended Jan. 2, 1926:

Number of rats trapped	391
Number of rats found to be plague infected	0

Totals:

Number of rats trapped Jan. 1, 1925, to Jan. 2, 1926	79,502
Number of rats found to be plague infected	21
Number of squirrels examined May 1 to Aug. 1, 1925	7,277
Number of squirrels found to be plague infected	0
Number of mice trapped Jan. 1, 1925, to Jan. 2, 1926	30,178

Date of discovery of last plague-infected rat, Mar. 4, 1925.
Date of last human case, Sept. 10, 1919.

RABIES—MIAMI, FLA.

A case of rabies was reported during December, 1925, at Miami, Fla. The patient was bitten by a stray dog November 14, 1925, and died December 18.

SMALLPOX IN INDIANA

Under date of January 14, 1926, 150 cases of smallpox were reported in Oakland City, Ind. An epidemic of smallpox was also reported in South Bend, Ind., with several deaths.

GENERAL CURRENT SUMMARY AND WEEKLY REPORTS FROM CITIES

Diphtheria.—For the week ended January 2, 1926, 36 States reported 1,397 cases of diphtheria. For the week ended January 3, 1925, the same States reported 1,652 cases of this disease. One hundred and two cities, situated in all parts of the country and having an aggregate population of about 28,900,000, reported 756 cases of diphtheria for the week ended January 2, 1926. Last year for the corresponding week they reported 854 cases. The estimated expectancy for these cities was 1,086 cases. The estimated expectancy is based on the experience of the last nine years, excluding epidemics.

Measles.—Thirty-three States reported 5,529 cases of measles for the week ended January 2, 1926, and 1,561 cases of this disease for the week ended January 3, 1925. One hundred and two cities reported 3,514 cases of measles for the week this year, and 864 cases last year.

Poliomyelitis.—The health officers of 36 States reported 27 cases of poliomyelitis for the week ended January 2, 1926. The same States reported 24 cases for the week ended January 3, 1925.

Scarlet fever.—Scarlet fever was reported for the week as follows: Thirty-six States—this year, 3,282 cases; last year, 3,436 cases. One hundred and two cities—this year, 1,289 cases; last year, 1,627 cases; estimated expectancy, 1,041 cases.

Smallpox.—For the week ended January 2, 1926, 36 States reported 431 cases of smallpox. Last year for the corresponding week they reported 775 cases. One hundred and two cities reported smallpox for the week as follows: 1926, 135 cases; 1925, 238 cases; estimated expectancy, 60 cases. Five deaths from smallpox were reported by these cities for the week this year—1 at South Bend, Ind., and 4 at Los Angeles, Calif.

Typhoid fever.—Two hundred and sixty-four cases of typhoid fever were reported for the week ended January 2, 1926, by 35 States. For the corresponding week of 1925 the same States reported 479 cases of this disease. One hundred and two cities reported 56 cases of typhoid fever for the week this year and 204 cases for the corresponding week last year. The estimated expectancy for these cities was 67 cases.

Influenza and pneumonia.—Deaths from influenza and pneumonia were reported for the week by 94 cities, with a population of nearly 28,000,000, as follows: 1926, 1,115 deaths; 1925, 1,189.

City reports for week ended January 2, 1926

The "estimated expectancy" given for diphtheria, poliomyelitis, scarlet fever, smallpox, and typhoid fever is the result of an attempt to ascertain from previous occurrence how many cases of the disease under consideration may be expected to occur during a certain week in the absence of epidemics. It is based on reports to the Public Health Service during the past nine years. It is in most instances the median number of cases reported in the corresponding week of the preceding years. When the reports include several epidemics or when for other reasons the median is unsatisfactory, the epidemic periods are excluded and the estimated expectancy is the mean number of cases reported for the week during nonepidemic years.

If reports have not been received for the full nine years, data are used for as many years as possible, but no year earlier than 1915 is included. In obtaining the estimated expectancy the figures are smoothed when necessary to avoid abrupt deviations from the usual trend. For some of the diseases given in the table the available data were not sufficient to make it practicable to compute the estimated expectancy.

Division, State, and city	Population July 1, 1923, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
NEW ENGLAND									
Maine:									
Portland	73,129	1	2	2	0	0	1	6	2
New Hampshire:									
Concord	22,408	0	0	1	0	0	2	0	1
Vermont:									
Barre	[1] 10,008	0	0	0	0	0	0	0	0
Massachusetts:									
Boston	770,400	50	65	22	2	1	172	14	26
Fall River	120,912	1	6	6	0	1	130	0	3
Springfield	144,227	4	4	1	0	0	7	0	7
Worcester	191,927	4	4	10	0	0	186	1	7
Rhode Island:									
Pawtucket	68,799	2	3	0	0	0	4	0	9
Providence	242,378	0	14	3	0	1	345	0	13
Connecticut:									
Bridgeport	[1] 143,555	1	9	7	1	0	114	0	7
Hartford	[1] 138,036	16	8	7	0	1	33	0	11
New Haven	172,967	16	3	0	2	1	10	0	3
MIDDLE ATLANTIC									
New York:									
Buffalo	536,718	11	29	7	3	0	4	0	25
New York	5,927,625	120	219	103	32	12	816	4	219
Rochester	317,867	22	8	15	0	1	55	0	5
Syracuse	184,511	27	8	3	0	0	11	4	7
New Jersey:									
Camden	124,157	24	5	3	1	1	22	1	4
Newark	438,699	41	19	11	3	0	60	1	22
Trenton	127,390	9	6	1	4	1	0	0	2
Pennsylvania:									
Philadelphia	1,922,788	137	75	86	----	2	124	4	60
Pittsburgh	613,442	29	28	20	----	3	16	3	33
Reading	110,917	25	5	1	0	0	0	0	5
EAST NORTH CENTRAL									
Ohio:									
Cincinnati	406,312	23	15	4	0	----	0	0	----
Cleveland	888,519	30	46	41	2	1	616	1	28
Columbus	261,082	7	7	4	0	1	21	0	5
Toledo	268,338	18	12	8	0	4	25	0	13
Indiana:									
Fort Wayne	93,573	3	5	4	0	0	1	0	3
Indianapolis	342,718	14	16	11	0	1	69	0	14
South Bend	76,709	0	1	1	0	0	0	0	2
Terre Haute	68,939	0	3	0	0	0	0	0	2

[1] Population Jan. 1, 1920.

City reports for week ended January 2, 1926—Continued

Division, State, and city	Population July 1, 1923, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
EAST NORTH CENTRAL—continued									
Illinois:									
Chicago	2,886,121	66	162	57	3	1	27	5	74
Peoria	79,675	4	1	0	0	0	0	1	2
Springfield	61,833	1	3	1	0	0	0	5	3
Michigan:									
Detroit	1,155,000	37	74	49	2	1	335	5	50
Flint	117,968	4	11	3	0	0	5	0	0
Grand Rapids	145,947	11	5	0	0	0	3	1	2
Wisconsin:									
Madison	42,519	10	2	0	0	0	1	0	0
Milwaukee	484,595	66	23	13	5	5	2	7	12
Racine	64,393	1	2	1	0	0	1	0	0
Superior	[1] 39,671	0	1	0	0	0	0	0	2
WEST NORTH CENTRAL									
Minnesota:									
Duluth	106,289	6	2	2	0	0	0	0	1
Minneapolis	409,125	52	21	15	0	2	8	4	8
St. Paul	241,891	14	16	14	0	0	3	0	8
Iowa:									
Davenport	61,262	6	1	3	0	-------	2	0	-------
Sioux City	79,662	8	2	0	0	-------	0	1	-------
Waterloo	39,667	4	0	1	0	-------	0	-------	-------
Missouri:									
Kansas City	351,819	24	14	4	9	5	14	2	22
St. Joseph	78,232	-------	4	-------	-------	-------	-------	-------	-------
St. Louis	803,853	28	63	42	0	0	4	1	-------
North Dakota:									
Fargo	24,841	0	0	0	0	0	0	10	0
Grand Forks	14,547	0	0	0	0	-------	0	0	-------
South Dakota:									
Aberdeen	15,829	0	0	0	0	-------	0	0	-------
Sioux Falls	29,206	4	1	0	0	0	0	0	0
Nebraska:									
Lincoln	58,761	9	2	0	0	0	1	2	1
Omaha	204,382	2	6	0	0	0	0	1	12
Kansas:									
Topeka	52,555	34	2	0	0	0	1	0	3
Wichita	79,261	14	7	0	0	0	0	0	2
SOUTH ATLANTIC									
Delaware:									
Wilmington	117,728	2	2	3	0	0	4	0	9
Maryland:									
Baltimore	773,380	86	32	14	15	4	218	53	39
Cumberland	32,361	0	1	0	1	0	0	0	0
Frederick	11,301	0	1	0	0	0	0	1	0
District of Columbia:									
Washington	[1] 437,571	19	18	15	4	1	9	0	18
Virginia:									
Lynchburg	30,277	13	1	3	0	0	0	0	0
Norfolk	159,089	4	3	0	0	0	0	0	4
Richmond	181,044	4	8	10	0	1	1	2	8
Roanoke	55,502	0	3	4	0	1	0	0	1
West Virginia:									
Charleston	45,597	0	1	1	0	0	0	0	4
Wheeling	[1] 56,208	0	2	3	0	0	1	0	7
North Carolina:									
Raleigh	29,171	0	1	2	0	0	0	0	1
Wilmington	35,719	1	0	0	0	0	0	0	2
Winston-Salem	56,230	0	1	1	0	0	12	0	9
South Carolina:									
Charleston	71,245	0	1	5	0	1	0	0	4
Columbia	39,688	0	1	1	0	0	0	0	0
Greenville	25,789	0	1	1	0	0	0	0	1
Georgia:									
Atlanta	222,963	1	4	2	55	2	0	0	22
Brunswick	15,937	0	0	0	5	0	0	1	1
Savannah	89,448	0	1	0	1	0	0	0	4

[1] Population Jan. 1, 1920.

City reports for week ended January 2, 1926—Continued

Division, State, and city	Population July 1, 1923, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
SOUTH ATLANTIC—con.									
Florida:									
St. Petersburg	24,403	0	1	0	0	0	0	0	2
Tampa	56,050	1	1	2	0	0	0	0	5
EAST SOUTH CENTRAL									
Kentucky:									
Covington	57,877	0	2	0	0	1	0	0	2
Louisville	257,671	9	8	9	5	0	4	0	18
Tennessee:									
Memphis	170,067	5	7	5	0	0	0	1	7
Nashville	121,128	1	4	0	0	3	15	0	7
Alabama:									
Birmingham	195,901	7	3	3	1	2	1	0	14
Mobile	63,858	2	1	0	1	0	0	5	2
Montgomery	45,383	0	1	4	0	0	0	0	0
WEST SOUTH CENTRAL									
Arkansas:									
Fort Smith	30,635	1	2	0	0	----	0	0	----
Little Rock	70,916	0	2	2	0	----	0	0	6
Louisiana:									
New Orleans	404,575	6	14	8	5	5	0	0	16
Shreveport	54,590	4	1	3	0	0	0	0	5
Oklahoma:									
Oklahoma City	101,150	2	2	4	8	1	1	0	4
Tulsa	102,018	1	3	1	0	0	0	0	0
Texas:									
Dallas	177,274	9	12	8	1	1	0	6	13
Galveston	46,577	0	1	3	0	0	0	0	5
Houston	154,970	4	4	9	0	2	0	0	12
San Antonio	184,727	1	2	1	0	1	0	0	6
MOUNTAIN									
Montana:									
Billings	16,927	7	0	0	0	0	0	2	2
Great Falls	27,787	12	1	3	0	0	0	32	0
Helena	[1] 12,037	0	0	0	0	0	0	1	1
Missoula	[1] 12,668	0	1	0	0	0	0	0	1
Idaho:									
Boise	22,806	0	0	0	0	0	0	1	0
Colorado:									
Denver	272,031	36	12	4	0	3	8	2	13
Pueblo	43,519	8	4	1	0	0	0	0	1
New Mexico:									
Albuquerque	16,648	1	1	0	0	0	0	0	2
Arizona:									
Phoenix	33,899	0	----	0	0	0	0	0	2
Utah:									
Salt Lake City	126,241	32	2	4	0	0	1	15	10
Nevada:									
Reno	12,429	0	0	0	0	0	0	0	1
PACIFIC									
Washington:									
Seattle	[1] 315,685	32	7	4	0	----	5	16	----
Spokane	104,573	15	5	0	0	----	0	0	----
Tacoma	101,731	0	3	6	0	0	0	3	2
Oregon:									
Portland	273,621	11	7	29	1	0	3	6	16
California:									
Los Angeles	666,853	45	36	22	13	2	11	8	22
Sacramento	69,950	3	2	0	8	3	0	2	7
San Francisco	539,038	27	24	14	11	6	1	4	7

[1] Population Jan. 1, 1920.

City reports for week ended January 2, 1926—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
NEW ENGLAND											
Maine:											
Portland	2	6	0	0	0	0	1	1	1	2	23
New Hampshire:											
Concord	1	0	0	0	0	0	0	0	0	0	17
Vermont:											
Barre	1	0	0	0	0	0	0	0	0	0	1
Massachusetts:											
Boston	52	86	0	0	0	16	2	1	0	52	273
Fall River	3	1	0	0	0	5	1	0	0	3	47
Springfield	8	3	0	0	0	1	0	0	0	0	38
Worcester	11	9	0	0	0	5	0	0	0	11	61
Rhode Island:											
Pawtucket	1	0	0	0	0	0	0	0	0	0	----
Providence	8	3	0	0	0	7	0	1	0	4	92
Connecticut:											
Bridgeport	6	11	0	0	0	1	0	0	0	9	36
Hartford	8	6	0	0	0	0	0	0	1	6	48
New Haven	8	2	0	0	0	1	0	0	0	12	50
MIDDLE ATLANTIC											
New York:											
Buffalo	24	16	1	2	0	5	1	3	0	13	134
New York	166	113	1	0	0	[1] 98	11	6	3	26	1,488
Rochester	13	14	0	0	0	2	1	1	0	8	72
Syracuse	12	2	0	0	0	0	1	0	0	49	43
New Jersey:											
Camden	3	9	0	0	0	2	1	0	0	2	39
Newark	17	19	0	0	0	7	2	0	0	8	129
Trenton	3	4	0	0	0	2	1	0	0	0	41
Pennsylvania:											
Philadelphia	55	83	0	0	0	29	3	3	1	24	553
Pittsburgh	31	66	0	0	0	10	1	1	0	18	172
Reading	1	8	0	0	0	0	0	0	0	4	34
EAST NORTH CENTRAL											
Ohio:											
Cincinnati	12	15	1	0	----	----	1	2	----	11	----
Cleveland	32	26	1	0	0	15	2	0	0	55	206
Columbus	9	15	0	3	0	9	0	2	0	0	89
Toledo	15	10	1	0	0	7	0	0	0	11	82
Indiana:											
Fort Wayne	2	4	0	0	0	1	1	0	0	0	22
Indianapolis	9	3	3	20	0	3	0	0	0	8	101
South Bend	4	6	0	7	1	0	0	0	0	0	6
Terre Haute	2	6	1	0	0	1	0	0	0	0	28
Illinois:											
Chicago	113	120	1	0	0	51	5	5	1	24	749
Peoria	6	2	1	1	0	1	0	0	0	5	14
Springfield	2	1	1	0	0	1	0	0	0	3	23
Michigan:											
Detroit	79	105	3	3	0	20	2	0	0	34	327
Flint	8	6	0	0	0	3	0	0	0	34	22
Grand Rapids	8	18	1	0	0	0	0	0	0	27	34
Wisconsin:											
Madison	3	1	1	0	0	0	0	0	0	2	4
Milwaukee	30	20	1	0	0	5	1	0	0	29	113
Racine	5	6	0	0	0	0	0	0	0	2	12
Superior	2	5	2	0	0	0	0	0	0	0	7
WEST NORTH CENTRAL											
Minnesota:											
Duluth	5	18	0	0	0	0	0	0	0	3	23
Minneapolis	38	44	7	0	0	5	1	2	0	2	97
St. Paul	19	43	5	0	0	2	1	0	0	2	73

[1] Pulmonary tuberculosis only.

City reports for week ended January 2, 1926—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
WEST NORTH CENTRAL—continued											
Iowa:											
Davenport	1	6	0	0			0	0		0	
Sioux City	2	1	1	5			0	0		0	
Waterloo	3	6	0	0			0	0			
Missouri:											
Kansas City	12	17	0	0	0	3	0	0	0	8	108
St. Joseph	2		0				0				
St. Louis	31	95	1	2	0	6	2	0	0	2	201
North Dakota:											
Fargo	2	2	0	0	0	0	0	0	0	0	9
Grand Forks	1	0	1	0			0	0		6	
South Dakota:											
Aberdeen	1	0	0	0	0	0	0	0	0	0	
Sioux Falls	1	1	0	0	0	0	0	0	0	0	
Nebraska:											
Lincoln	2	0	0	0	0	0	0	0	0	7	19
Omaha	6	18	3	2	0	1	1	0	0	1	64
Kansas:											
Topeka	1	4	0	0	0	0	1	1	0	3	14
Wichita	3	0	0	0	0	0	0	0	0	0	18
SOUTH ATLANTIC											
Delaware:											
Wilmington	3	7	0	0	0	2	0	0	0	2	38
Maryland:											
Baltimore	24	20	0	0	0	24	3	3	0	25	255
Cumberland	0	0	0	0	0	0	0	0	0	0	7
Frederick	0	0	0	0	0	0	0	0	0	0	5
District of Columbia:											
Washington	20	19	0	0	0	12	4	0	0	4	170
Virginia:											
Lynchburg	0	3	0	0	0	2	0	0	0	0	13
Norfolk	2	2	0	0	0	2	1	0	0	0	
Richmond	5	8	0	0	0	2	0	1	0	0	44
Roanoke	1	1	0	1	0	0	1	0	0	2	18
West Virginia:											
Charleston	1	0	0	0	0	1	0	0	0	0	12
Wheeling	1	3	0	0	0	0	0	0	0	0	22
North Carolina:											
Raleigh	1	0	1	0	0	0	0	0	0	0	14
Wilmington	0	0	0	0	0	2	0	0	0	0	11
Winston-Salem	1	3	1	1	0	1	0	0	0	3	24
South Carolina:											
Charleston	0	2	0	0	0	3	0	0	0	0	34
Columbia	0	0	0	0	0	0	0	0	0	0	
Greenville	0	0	0	0	0	0	0	0	0	0	8
Georgia:											
Atlanta	4	4	1	0	0	6	0	2	0	0	105
Brunswick	0	0	0	0	0	0	0	0	0	0	4
Savannah	1	0	0	0	0	1	1	0	0	0	28
Florida:											
St. Petersburg	0	0	0	0	0	0	0	0	0	0	12
Tampa	0	1	0	11	0	4	0	0	0	0	47
EAST SOUTH CENTRAL											
Kentucky:											
Covington	2	2	0	0	0	1	0	0	0	0	23
Louisville	4	5	0	0	0	8	0	1	0	0	103
Tennessee:											
Memphis	4	8	0	3	0	2	1	2	0	0	54
Nashville	2	3	1	0	0	3	0	2	1	0	61
Alabama:											
Birmingham	4	1	0	11	0	5	1	1	1	5	70
Mobile	1	0	1	0	0	0	1	0	0	0	29
Montgomery	0	0	0	0	0	0	0	0	0	0	23

City reports for week ended January 2, 1926—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
WEST SOUTH CENTRAL											
Arkansas:											
Fort Smith	1	0	0	1	----	----	0	3	----	0	----
Little Rock	2	1	0	0	----	2	0	0	----	0	----
Louisiana:											
New Orleans	4	8	0	3	0	17	3	6	2	1	173
Shreveport	0	2	1	0	0	1	1	0	0	0	39
Oklahoma:											
Oklahoma City	2	2	1	0	0	1	0	1	0	0	24
Tulsa	2	4	1	0	0	0	0	0	0	5	----
Texas:											
Dallas	3	8	1	0	0	1	1	0	0	15	57
Galveston	0	0	0	0	0	0	0	0	0	0	12
Houston	2	4	1	1	0	2	0	2	1	0	65
San Antonio	1	4	0	0	0	3	0	0	0	0	71
MOUNTAIN											
Montana:											
Billings	1	0	0	0	0	0	0	0	0	0	8
Great Falls	1	5	1	2	0	0	0	1	0	9	5
Helena	0	0	0	0	0	0	0	0	0	1	4
Missoula	1	5	0	0	0	0	0	0	0	0	6
Idaho:											
Boise	2	2	1	2	0	0	0	0	0	0	4
Colorado:											
Denver	10	11	3	0	0	10	0	0	0	21	91
Pueblo	3	3	0	0	0	0	0	0	0	0	13
New Mexico:											
Albuquerque	0	5	0	0	0	9	0	0	0	4	18
Arizona:											
Phoenix	----	1	----	0	0	4	----	0	0	0	11
Utah:											
Salt Lake City	3	1	2	0	0	3	0	0	0	9	42
Nevada:											
Reno	0	0	0	0	0	0	0	0	0	0	7
PACIFIC											
Washington:											
Seattle	7	17	1	2	----	----	1	0	----	0	----
Spokane	5	19	4	0	----	----	0	1	----	0	----
Tacoma	3	0	2	22	0	1	0	0	0	2	32
Oregon:											
Portland	7	13	6	4	0	7	0	0	0	0	----
California:											
Los Angeles	18	27	2	27	4	21	3	1	0	3	233
Sacramento	2	0	0	4	0	8	0	0	0	0	44
San Francisco	13	13	0	0	0	8	1	1	0	5	165

Division, State, and city	Cerebrospinal meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths
NEW ENGLAND									
Maine:									
Portland	0	1	0	0	0	0	0	0	0
Massachusetts:									
Boston	2	0	1	0	0	0	0	1	0
Springfield	0	0	0	1	0	0	0	0	0
Rhode Island:									
Providence	1	0	0	0	0	0	0	0	0

City reports for week ended January 2, 1926—Continued

Division, State, and city	Cerebrospinal meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths
MIDDLE ATLANTIC									
New York:									
New York	1	1	2	1	0	0	1	2	0
Pennsylvania:									
Philadelphia	2	1	0	1	0	0	0	0	0
EAST NORTH CENTRAL									
Ohio:									
Cleveland	0	0	0	1	0	0	0	1	0
Illinois:									
Chicago	2	2	0	0	0	0	0	1	1
Michigan:									
Detroit	0	0	2	2	0	0	0	1	0
SOUTH ATLANTIC									
Maryland:									
Baltimore	0	0	1	1	0	0	0	0	0
Virginia:									
Richmond	1	0	0	0	0	0	0	0	0
South Carolina:									
Charleston	0	0	0	0	0	1	0	0	0
EAST SOUTH CENTRAL									
Alabama:									
Birmingham	1	0	0	0	1	0	0	0	0
WEST SOUTH CENTRAL									
Louisiana:									
New Orleans	0	0	0	0	1	2	0	0	0
Shreveport	0	0	0	0	0	1	0	0	0
Texas:									
Houston	0	1	0	0	0	0	0	0	0
MOUNTAIN									
Utah:									
Salt Lake City	0	1	0	0	0	0	0	0	0
PACIFIC									
Washington:									
Seattle	1	0	0	0	0	0	0	0	0
Spokane	2	0	0	0	0	0	0	0	0
Tacoma	1	0	0	0	0	0	0	0	0
Oregon:									
Portland	1	1	0	0	0	0	0	0	0
California:									
Los Angeles	0	0	1	1	0	0	0	0	0
Sacramento	0	0	0	0	0	0	0	1	0

The following table gives the rates per 100,000 population for 103 cities for the 10-week period ended January 2, 1926. The population figures used in computing the rates were estimated as of July 1, 1923, as this is the latest date for which estimates are available. The 103 cities reporting cases had an estimated aggregate population of nearly 29,000,000, and the 96 cities reporting deaths had more than 28,000,000 population. The number of cities included in each group and the aggregate populations are shown in a separate table below:

Summary of weekly reports from cities, October 25, 1925, to January 2, 1926—Annual rates per 100,000 population [1]

DIPHTHERIA CASE RATES

	Week ended—									
	Oct. 31	Nov. 7	Nov. 14	Nov. 21	Nov. 28	Dec. 5	Dec. 12	Dec. 19	Dec. 26	Jan. 2
103 cities	[3] 182	166	174	181	159	171	164	[3] 163	126	[4] 136
New England	137	97	127	144	104	124	107	137	92	147
Middle Atlantic	149	126	141	143	150	137	139	147	108	127
East North Central	195	187	194	189	162	172	166	161	158	138
West North Central	282	267	240	226	178	280	243	180	187	[4] 167
South Atlantic	228	211	252	289	221	221	205	205	100	137
East South Central	97	137	69	132	120	126	132	97	80	120
West South Central	264	199	213	176	181	278	185	[3] 253	134	158
Mountain	[3] 176	286	248	315	134	239	172	181	172	115
Pacific	157	148	145	186	165	128	200	186	93	133

MEASLES CASE RATES

103 cities	[3] 105	154	174	229	212	353	441	[3] 531	430	[4] 634
New England	604	852	937	1,130	827	1,583	2,025	2,159	1,637	2,494
Middle Atlantic	110	159	171	256	239	339	453	520	384	561
East North Central	57	74	88	103	124	255	307	503	563	790
West North Central	12	15	10	15	31	19	25	37	70	[4] 64
South Atlantic	59	154	232	289	353	552	576	609	256	502
East South Central	17	17	17	51	34	40	23	86	126	114
West South Central	5	9	9	9	5	5	5	[3] 10	9	0
Mountain	[3] 20	38	47	29	10	10	38	29	29	86
Pacific	15	17	20	32	26	58	55	81	38	49

SCARLET FEVER CASE RATES

103 cities	[3] 160	170	191	175	205	220	231	[3] 240	210	[4] 233
New England	201	271	246	209	214	224	194	199	248	316
Middle Atlantic	106	111	142	144	149	166	173	190	146	169
East North Central	194	167	189	196	220	273	302	300	246	261
West North Central	305	384	400	421	454	433	493	471	454	[4] 533
South Atlantic	193	185	172	123	144	127	162	164	168	150
East South Central	80	109	183	137	183	177	120	126	183	109
West South Central	42	102	121	93	139	111	148	[3] 93	102	125
Mountain	[3] 195	172	181	162	172	248	162	286	219	258
Pacific	148	162	206	197	249	226	194	258	191	220

SMALLPOX CASE RATES

103 cities	[3] 10	10	8	17	16	13	21	[3] 21	18	[4] 24
New England	0	0	0	0	0	0	0	0	0	0
Middle Atlantic	0	0	0	0	0	0	0	1	0	1
East North Central	17	12	13	32	32	14	34	27	26	24
West North Central	27	12	4	17	10	19	19	37	21	[4] 19
South Atlantic	6	12	6	21	2	4	8	12	10	27
East South Central	6	29	34	11	11	11	6	11	0	80
West South Central	0	0	0	0	9	14	9	[3] 24	9	23
Mountain	[3] 10	19	19	19	10	0	105	38	10	38
Pacific	46	49	44	78	99	110	131	119	136	160

[1] The figures given in this table are rates per 100,000 population, annual basis, and not the number of cases reported. Populations used are estimated as of July 1, 1923.
[3] Helena, Mont., not included.
[3] Shreveport, La., not included.
[4] St. Joseph, Mo., not included.

Summary of weekly reports from cities, October 25, 1925, to January 2, 1926—Annual rates per 100,000 population—Continued

TYPHOID FEVER CASE RATES

	Week ended—									
	Oct. 31	Nov. 7	Nov. 14	Nov. 21	Nov. 28	Dec. 5	Dec. 12	Dec. 19	Dec. 26	Jan. 2
103 cities	[3] 26	28	12	17	14	20	20	[3] 16	9	[4] 10
New England	17	22	2	32	17	22	22	10	10	7
Middle Atlantic	21	12	8	20	14	26	25	17	11	7
East North Central	16	19	9	3	4	8	12	14	7	7
West North Central	19	31	17	15	8	10	12	15	4	[4] 6
South Atlantic	27	64	10	31	29	21	25	18	12	12
East South Central	109	183	46	34	23	57	29	29	6	34
West South Central	83	51	60	32	32	42	32	[3] 29	9	51
Mountain	[3] 88	38	10	19	19	0	19	10	19	10
Pacific	20	9	3	6	15	15	15	17	9	9

INFLUENZA DEATH RATES

96 cities	[5] 11	13	12	8	9	12	13	[3] 14	13	[5] 15
New England	12	5	7	2	12	10	10	15	12	12
Middle Atlantic	10	14	14	6	8	10	12	8	9	10
East North Central	7	12	10	6	5	7	12	18	8	[6] 8
West North Central	11	7	13	2	2	7	7	4	7	[4] 16
South Atlantic	6	18	2	14	10	18	8	10	18	21
East South Central	29	40	29	46	29	46	51	57	34	34
West South Central	41	15	31	10	36	41	46	[3] 38	51	46
Mountain	[3] 10	10	0	19	10	19	19	0	29	29
Pacific	[7] 4	15	4	19	4	4	4	19	15	42

PNEUMONIA DEATH RATES

96 cities	[5] 122	141	138	151	130	149	134	[3] 153	140	[5] 194
New England	112	139	137	144	161	186	137	164	171	221
Middle Atlantic	137	153	144	166	145	161	132	148	146	189
East North Central	119	125	137	146	100	149	121	139	106	[6] 153
West North Central	99	88	83	103	83	55	85	136	101	[4] 127
South Atlantic	134	207	162	156	144	170	185	213	219	285
East South Central	114	166	177	240	194	143	200	234	154	286
West South Central	138	163	122	163	158	163	219	[3] 194	183	331
Mountain	[3] 78	105	181	229	162	162	181	124	210	277
Pacific	[7] 53	95	114	91	102	102	79	102	91	144

[3] Helena, Mont., not included.
[4] St. Joseph, Mo., not included.
[5] Two cities not included.
[6] Cincinnati, Ohio, not included.
[7] Tacoma, Wash., not included.

Number of cities included in summary of weekly reports and aggregate population of cities in each group, estimated as of July 1, 1923

Group of cities	Number of cities reporting cases	Number of cities reporting deaths	Aggregate population of cities reporting cases	Aggregate population of cities reporting deaths
Total	103	96	28, 977, 311	28, 321, 638
New England	12	12	2, 098, 746	2, 098, 746
Middle Atlantic	10	10	10, 304, 114	10, 304, 114
East North Central	16	16	7, 135, 899	7, 135, 899
West North Central	14	11	2, 515, 330	2, 381, 454
South Atlantic	21	21	2, 542, 498	2, 542, 498
East South Atlantic	7	7	911, 885	911, 885
West South Central	8	6	1, 124, 564	1, 023, 013
Mountain	9	9	546, 445	546, 445
Pacific	6	4	1, 797, 830	1, 377, 572

FOREIGN AND INSULAR

THE FAR EAST

Report for week ended December 19, 1925.—The following report for the week ended December 19, 1925, was transmitted by the Far Eastern Bureau of the health section of the League of Nations' secretariat, located at Singapore, to the headquarters at Geneva:

Port	Plague		Cholera		Smallpox	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Calcutta	----------	0	----------	11	11	4
Bombay	----------	0	----------	0	3	2
Madras	----------	0	----------	18	3	1
Rangoon	----------	0	----------	0	1	0
Karachi	----------	1	----------	0	3	0
Negapatam	----------	0	----------	1	0	0
Colombo	1	1	0	0	0	0
Basra	0	0	0	0	8	3
Singapore	0	0	0	0	0	0
Port Swettenham	0	0	0	0	0	0
Penang	0	0	0	0	0	0
Batavia	0	0	0	0	0	0
Soerabaya	0	0	0	0	2	2
Samarang	0	0	0	0	0	0
Belawan Deli	0	0	0	0	0	0
Padang (Sumatra)	0	0	0	0	0	0
Sabang (Rhio)	0	0	0	0	0	0
Macassar	1	1	0	0	0	0
Pontianak (Borneo)	0	0	0	0	0	0
Sandakan (North Borneo)	0	0	0	0	0	0
Kuching (Sarawak)	0	0	0	0	0	0
Manila	0	0	3	0	0	0
Zamboanga	0	0	0	0	0	0
Bangkok	0	0	48	29	0	0
Saigon and Cholon	0	0	0	0	0	0
Hongkong	0	0	0	0	0	0
Shanghai	0	0	0	0	----------	9
Amoy	0	0	0	0	0	0
Nagasaki	0	0	0	0	0	0
Yokohama	0	0	0	0	0	0
Simonoseki	0	0	6	0	0	0
Moji	0	0	0	0	0	0
Kobe	0	0	0	0	1	0
Osaka	0	0	0	0	0	0
Keelung	0	0	0	0	0	0
Fusan	0	0	0	0	0	0
Dairen	0	0	0	0	3	2
Adelaide	0	0	0	0	0	0
Brisbane	0	0	0	0	0	0
Fremantle	0	0	0	0	0	0
Melbourne	0	0	0	0	0	0
Sydney	0	0	0	0	0	0
Rockhampton	0	0	0	0	0	0
Townsville	0	0	0	0	0	0
Port Darwin	0	0	0	0	0	0
Broome	0	0	0	0	0	0
Port Moresby	0	0	0	0	0	0
Honolulu	0	0	0	0	0	0
Suez	0	0	0	0	0	0
Alexandria	0	0	0	0	0	0
Port Said	0	0	0	0	0	0
Mombasa (Kenya)	0	0	0	0	0	0
Zanzibar	0	0	0	0	0	0
Massowah	0	0	0	0	0	0
Djibuti	0	0	0	0	0	0
Lourenco-Marques	0	0	0	0	0	0
Durban	0	0	0	0	0	0
East London	0	0	0	0	0	0
Port Elizabeth	0	0	0	0	0	0

Port	Plague		Cholera		Smallpox	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Cape Town	0	0	0	0	0	0
Tamatave	1	1	0	0	0	0
Majunga	0	0	0	0	0	0
Port Louis (Mauritius)	1	0	0	0	0	0
Seychelles	0	0	0	0	0	0

CANADA

Communicable diseases—September 13, 1925, to January 2, 1926.—The following table shows the numbers of cases of certain communicable diseases in seven Provinces of Canada by four-week periods, from September 13, 1925, to January 2, 1926. The information was supplied by the Canadian Ministry of Health.

	Nova Scotia	New Brunswick	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	Total
Influenza:								
Four weeks ended—								
Oct. 10, 1925	6	------	------	------	------	------	------	6
Nov. 7, 1925	------	------	------	------	------	------	------	------
Dec. 5, 1925	------	------	(1)	------	------	------	------	------
Jan. 2, 1926	------	------	------	------	------	------	------	------
Total	6	------	------	------	------	------	------	6
Smallpox:								
Four weeks ended—								
Oct. 10, 1925	------	------	------	21	3	21	2	47
Nov. 7, 1925	------	------	------	14	1	3	1	19
Dec. 5, 1925	------	------	(1)	28	16	8	1	53
Jan. 2, 1926	------	1	1	30	14	9	12	67
Total	------	1	1	93	34	41	16	186
Poliomyelitis:								
Four weeks ended—								
Oct. 10, 1925	1	1	4	30	3	------	1	40
Nov. 7, 1925	------	------	7	7	------	------	8	22
Dec. 5, 1925	------	------	(1)	4	------	------	1	5
Jan. 2, 1926	------	------	------	------	------	------	------	------
Total	1	1	11	41	3	------	10	67
Typhoid fever:								
Four weeks ended—								
Oct. 10, 1925	8	37	45	122	22	15	17	266
Nov. 7, 1925	------	23	38	100	4	26	18	209
Dec. 5, 1925	3	11	(1)	44	14	7	4	83
Jan. 2, 1926	2	3	21	51	8	21	5	111
Total	13	74	104	317	48	69	44	669
Lethargic encephalitis:								
Four weeks ended—								
Oct. 10, 1925	------	------	------	5	------	------	------	5
Nov. 7, 1925	------	------	------	1	2	------	------	3
Dec. 5, 1925	------	------	------	1	------	------	------	1
Jan. 2, 1926	------	------	------	4	2	------	------	6
Total	------	------	------	11	4	------	------	15
Cerebrospinal meningitis:								
Four weeks ended—								
Oct. 10, 1925	------	------	2	3	------	------	------	5
Nov. 7, 1925	------	------	------	4	------	1	1	6
Dec. 5, 1925	------	------	------	1	------	2	------	3
Jan. 2, 1926	------	------	2	2	------	------	------	4
Total	------	------	4	10	------	3	1	18

[1] No report received.

Communicable diseases—Ontario Province—December, 1925 (comparative).—During the month of December, 1925, communicable diseases were reported in the Province of Ontario, Canada, as follows:

Disease	1925		1924		Disease	1925		1924	
	Cases	Deaths	Cases	Deaths		Cases	Deaths	Cases	Deaths
Cerebrospinal meningitis	2		5	4	Mumps	285		582	
Chicken pox	597		852		Pneumonia		197		115
Diphtheria	266	25	364	27	Poliomyelitis			6	1
German measles	19		11		Scarlet fever	558	13	618	9
Gonorrhea	148		119		Septic sore throat	10		5	
Influenza		31		17	Smallpox	32	1	33	
Lethargic encephalitis	5	1	10	3	Syphilis	74		95	
Measles	489		1,363	2	Tuberculosis	166	62	123	64
					Typhoid fever	53	5	85	12
					Whooping cough	113	7	279	3

Smallpox prevalence.—During the month of December, 1925, smallpox was reported in 15 localities in the Province of Ontario, with 32 cases and 1 death. The greatest number of cases was reported at Asphodel and Rockland, viz, 5 each; at Trenton 4 cases were reported, at Eganville 3; at 4 localities 2 cases each, with 1 death occurring at Atikokan; at 7 localities, 1 case each.

CANARY ISLANDS

Plague—Santa Cruz de Teneriffe—December 18, 1925.—The presence of two new cases of plague at Santa Cruz de Teneriffe, Canary Islands, was reported December 18, 1925.

CUBA

Communicable diseases—Habana—November and December, 1925.—During November and December, 1925, communicable diseases were reported at Habana, Cuba, as follows:

NOVEMBER

Disease	New cases	Deaths	Remaining under treatment Nov. 30, 1925	Disease	New cases	Deaths	Remaining under treatment Nov. 30, 1925
Beri-beri	2		2	Malaria [1]	56		14
Cerebrospinal meningitis	1		1	Measles	75		28
Chicken pox	1			Scarlet fever	18		7
Dengue	1			Paratyphoid fever	1		
Diphtheria	11		3	Typhoid fever [1]	22	7	14
Leprosy	1		8				

DECEMBER

Disease	New cases	Deaths	Remaining under treatment Dec. 31, 1925	Disease	New cases	Deaths	Remaining under treatment Dec. 31, 1925
Chicken pox	6		6	Measles	43		10
Diphtheria	6	1		Paratyphoid fever	1		1
Leprosy	2		9	Scarlet fever	11		6
Malaria [1]	59	1	5	Typhoid fever [1]	11	3	5

[1] Many of these cases were from the interior.

Malaria—Santiago.—During the week ended December 26, 1925, 29 cases of malaria with 1 death were reported at Santiago, Cuba. On January 2, 1926, 203 cases were reported present.

EGYPT

Plague—Fayoum—December 3–9, 1925—Summary and comparison with preceding year.—During the week ended December 9, 1925, a fatal case of septicemic plague was reported in the Province of Fayoum, Egypt. From January 1 to December 9, 1925, there have been reported in Egypt 138 cases of plague as compared with 365 cases reported during the corresponding period of the year 1924.

ESTHONIA

Communicable diseases—September–October, 1925.—During the months of September and October, 1925, communicable diseases were reported in the Republic of Esthonia as follows:

Disease	September, 1925—Cases	October, 1925—Cases	Disease	September, 1925—Cases	October, 1925—Cases
Diphtheria	59	52	Scarlet fever	54	101
Leprosy	4	2	Tuberculosis	129	118
Measles	3	1	Typhoid fever	62	76
Paratyphoid fever	10				

Population, census of 1922, 1,107,059.

FINLAND

Communicable diseases—November, 1925.—During the period November 1 to 30, 1925, 22 cases of diphtheria, 1 case of paratyphoid fever, 39 cases of scarlet fever and 1 case of typhoid fever were reported in the Republic of Finland. Population, census of 1923, 3,469,402.

GREAT BRITAIN (SCOTLAND)

Measles—Glasgow.—During the week ended December 19, 1925, 790 cases of measles with 17 deaths were reported at Glasgow, Scotland. Population, estimated, 1,057,100.

NICARAGUA

Epidemic influenza—Managua.—During the period November 10–30, 1925, influenza in epidemic form was reported present at Managua, Republic of Nicaragua.

PANAMA

Care of the insane—School of medicine—Panama.—Recent information states that a new hospital for the care and treatment of the insane is under construction at Panama, and is expected to be completed in July of the present year. It is also said that the care of the insane and feeble minded is provided for at Corozal, monthly, by government appropriation. The school of medicine to be constructed in connection with the proposed Bolivarian University is expected to be opened in June 1926, on the occasion of the university inauguration ceremonies.

CHOLERA, PLAGUE, SMALLPOX, AND TYPHUS FEVER

The reports contained in the following tables must not be considered as complete or final as regards either the lists of countries included or the figures for the particular countries for which reports are given.

Reports Received During Week Ended January 22, 1926 [1]

CHOLERA

Place	Date	Cases	Deaths	Remarks
India				Nov. 1–7, 1925: Cases, 1,693; deaths, 964.
Calcutta	Nov. 22–28	43	42	
Madras	Nov. 29–Dec. 5	42	15	
Rangoon	Nov. 15–21	1	1	

PLAGUE

British East Africa:				
Kenya—				
Kisumu	Nov. 22–28		1	
Uganda Protectorate	September, 1925	103	85	
Canary Islands:				
Santa Cruz de Teneriffe	Dec. 18	2		
Ceylon:				
Colombo	Nov. 22–28	1	1	
Egypt				Dec. 3–9, 1925: One fatal case. Jan. 1–Dec. 9, 1925: Cases, 138; corresponding period, 1924, cases, 365.
Fayoum Province	Dec. 3–9	1	1	Septicemic.
India				Nov. 1–7, 1925: Cases, 1,169; deaths, 780.
Madras Presidency	Nov. 1–7	33	16	
Rangoon	Nov. 15–21	6	6	
Java:				
Batavia	Nov. 21–27	29	28	
Djokjakarta	Nov. 9			Epidemic in one locality.
Soerabaya	Nov. 8–14	6	7	
Siam:				
Bangkok	Nov. 15–21	2	2	

SMALLPOX

Algeria:				
Algiers	Nov. 21–30	12		
Do	Dec. 1–10	46		
British East Africa:				
Kenya—				
Mombasa	Nov. 15–28	9	3	From mainland; Nov. 22–28, 1925, contact cases.
Uganda Protectorate	Sept. 1–30	7	4	

[1] From medical officers of the Public Health Service, American consuls, and other sources.

CHOLERA, PLAGUE, SMALLPOX, AND TYPHUS FEVER—Continued

Reports Received During Week Ended January 22, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Canada				Sept. 13, 1925-Jan. 2, 1926: In seven provinces, 186 cases.
Ontario Province				December, 1925: Cases, 32; deaths, 1. Occurring in 15 localities.
Toronto	Dec. 27-Jan. 2	1		
China:				
Foochow	Nov. 15-21			Present.
Manchuria—				
Dairen	Nov. 16-29	30	4	
Shanghai	Nov. 22-Dec. 5	7	10	Cases, foreign; deaths, foreign and native; in international settlement.
Egypt:				
Alexandria	Dec. 3-9	1	1	
Great Britain:				
England and Wales	Dec. 13-19	180		
Hull	do	12		
Newcastle-on-Tyne	do	2		
Sheffield	Dec. 6-12	2		
India				Nov. 1-7, 1925: Cases, 1,154; deaths, 244.
Bombay	Nov. 22-28	3	3	
Calcutta	do	5	4	
Karachi	Nov. 29-Dec. 5	4	2	
Madras	do	3	1	
Rangoon	Nov. 15-21	1		
Iraq:				
Bagdad	Nov. 22-Dec. 5	9	9	
Java:				
Batavia	Nov. 14-27	5		Province and city.
Soerabaya	Oct. 25-Nov. 14	143	27	
Mexico:				
Durango	Dec. 1-31		1	
Guadalajara	Dec. 29-Jan. 4		3	
Portugal:				
Lisbon	Nov. 29-Dec. 19	109		

TYPHUS FEVER

Place	Date	Cases	Deaths	Remarks
Algeria:				
Algiers	Nov. 1-30	1		
Chile:				
Valparaiso	Nov. 29-Dec. 5		1	
Mexico:				
Durango	Dec. 1-31		1	
Guadalajara	Dec. 29-Jan. 4		1	
Mexico City	Dec. 13-19	111		Including municipalities in Federal District.
Palestine:				
Jaffa	Dec. 1-7	1		
Poland	Oct. 18-31	37	2	
Union of South Africa:				
Cape Province	Nov. 8-14			Outbreaks in two districts.

Reports Received from December 26, 1925, to January 15, 1926[1]

CHOLERA

Place	Date	Cases	Deaths	Remarks
India				Oct. 18-31, 1925: Cases, 3,027 deaths, 1,785.
Calcutta	Nov. 1-21	58	47	
Madras	Nov. 15-28	3	3	
Rangoon	Nov. 8-14	2	2	
Japan	Aug. 30-Sept. 19	121		

[1] From medical officers of the Public Health Service, American consuls, and other sources.

CHOLERA, PLAGUE, SMALLPOX, AND TYPHUS FEVER—Continued

Reports Received from December 26, 1925, to January 15, 1926—Continued

CHOLERA—Continued

Place	Date	Cases	Deaths	Remarks
Philippine Islands:				
Manila	Nov. 9–22	4	3	
Province—				
Bulacan	Oct. 18–Nov. 7	92	64	
Pampanga	Nov. 1–7	1	1	
Rizal	Sept. 27–Oct. 24	70	21	
Russia	May–June	7		
Siam:				
Bangkok	Oct. 4–31	60	30	Infection stated to have been imported on vessel.
Do	Nov. 1–14	48	38	
On vessel:				
Steamship	Oct. 3	9		Arrived at Bangkok, Siam; 9 cases in coolie passengers.

PLAGUE

Brazil:				
Bahaia	Nov. 8–14	2		
Santos	Dec. 8–21		2	
Ceylon:				
Colombo	Nov. 15–21	2	2	
China:				
Nanking	Nov. 15–Dec. 5			Prevalent.
Ecuador:				
Guayaquil	Nov. 1–Dec. 15	15	8	Rats taken, Nov. 1–Dec. 15, 1925: 36,576; rats found infected, 214.
Egypt				Jan. 1–Nov. 18, 1925: Cases, 137; Corresponding period, 1924: Cases, 360.
Beni Suef	Nov. 18	1	1	
Greece:				
Athens	Nov. 1–30	18	4	Including Piræus.
Patras	Nov. 13	1		
India				Oct. 18–31, 1925: Cases, 2,584; deaths, 1,696.
Karachi	Nov. 1–14	3	2	
Madras	Oct. 25–31	42	25	
Rangoon	Oct. 25–Nov. 14	9	3	
Java:				
Batavia	Oct. 24–Nov. 6	94	89	Province.
Do	Nov. 14–20	107	100	Do.
Cheribon	Sept. 27–Oct. 17		166	
Pekalongan	do		42	
Soerabaya	Oct. 11–24	13	13	
Do	Oct. 25–Nov. 7	8	7	
Tegal	Sept. 27–Oct. 17	6	6	
Madagascar:				
Province—				
Fort Dauphin	Sept. 16–Oct. 15	5	2	
Itasy	Sept. 16–Oct. 31	20	20	
Moramanga	do	17	17	
Tananarive	do	174	159	
Town—				
Tamatave (port)	Sept. 16–30	3	2	
Do	Oct. 16–31	4	4	
Tananarive	Sept. 16–30	2	2	
Mauritius Island	Sept. 20–Oct. 17	5	5	
Russia	May–June	67		
Senegal	September, 1925	22	12	
Siam	Aug. 23–Sept. 5	23	20	
Syria:				
Beirut	Nov. 11–20	1		
Union of South Africa:				
Cape Province—				
Steynsburg district	Nov. 15–21	1		Native. On farm.

SMALLPOX

Arabia:				
Aden	Nov. 29–Dec. 5	1		Imported.
Argentina:				
Rosario	October, 1925		1	
Brazil:				
Rio de Janeiro	Nov. 1–28	134	72	

CHOLERA, PLAGUE, SMALLPOX, AND TYPHUS FEVER—Continued

Reports Received from December 26, 1926, to January 15, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
British South Africa:				
Southern Rhodesia	Nov. 13-19	1		Native.
Canada:				
Alberta—				
Calgary	Dec. 13-19	1		From Drumheller, vicinity of Calgary.
Manitoba—				
Winnipeg	do	2		
New Brunswick—				
Northumberland	Dec. 6-13	1		
Ontario—				
Ottawa	Dec. 6-12	2		
China:				
Amoy	Oct. 25-Nov. 21			Present.
Antung	Dec. 7-13	1		
Chungking	Nov. 15-21			Do.
Foochow	Nov. 1-14			Do.
Hankow	Nov. 14-21	3		
Manchuria—				
An-shan	Dec. 6-12	1		
Dairen	Oct. 19-Nov. 15	5	4	
Mukden	Oct. 24-Nov. 15	1		
Tieh-ling	do	2		
Nanking	Nov. 21-Dec. 5			Do.
Shanghai	Oct. 25-Nov. 21	6	4	
Swatow	Nov. 22-Dec. 5			Do.
Tientsin	Nov. 1-7	1		
France				September, 1925: Cases, 25.
Great Britain:				
England and Wales	Nov. 15-Dec. 12	432		
Hull	Nov. 29-Dec. 12	8		
Newcastle-on-Tyne	do	4		
Sheffield	Nov. 22-28	5		
Greece				Oct. 1-31, 1925: Cases, 16.
Athens	Nov. 1-30	17	1	
India				Oct. 18-31, 1925: Cases, 2,303; deaths, 530.
Bombay	Nov. 8-21	9	4	
Calcutta	do	10	5	
Karachi	Nov. 1-21	23		
Madras	Nov. 15-28	3	1	
Rangoon	Oct. 25-31	1		
Iraq				Sept. 6-19, 1925: Cases, 41; deaths, 24.
Bagdad	Nov. 1-14	4	4	
Italy				Aug. 2-Sept. 30, 1925: Cases, 26.
Rome	Oct. 12-25	1		
Japan:				
Taiwan	Nov. 11-20	1		
Java:				
Batavia	Oct. 24-30	1		
Kraksaan	Oct. 11-17	11		
Malang	do	2		
North Bantam	Oct. 4-17	4		
Probolingo	Oct. 11-17	1		
Soerabaya	Oct. 11-24	158	18	
South Bantam	do	1		
Tegal	Oct. 4-10	9	1	
Malta	November, 1925	14		
Mexico				July-August, 1925: Deaths, 905.
Aguascalientes	Dec. 13-26	4	2	
Mexico City	Nov. 28-Dec. 5	1		
Torreon	Nov. 1-30		15	
Persia:				
Teheran	July 23-Aug. 23		68	
Peru:				
Arequipa	Oct. 1-31		1	
Portugal:				
Lisbon	Oct. 4-31	124		
Do	Nov. 16-Dec. 6		31	
Do	Nov. 14-28	70		
Oporto	Nov. 22-Dec. 5	1	2	
Russia				May-June, 1925: Cases, 1,336.
Siam				July 12-Sept. 5, 1925: Cases, 21; deaths, 6.

CHOLERA, PLAGUE, SMALLPOX, AND TYPHUS FEVER—Continued

Reports Received from December 26, 1925, to January 15, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Spain:				
Malaga	Nov. 29–Dec. 5		2	
Switzerland				June 28–Oct. 24, 1925: Cases, 36.
Lucerne	Oct. 1–31	6		
Tunisia:				
Tunis	Nov. 21–30	2		

TYPHUS FEVER

Algeria:				
Algiers	October, 1925	2		
Argentina:				
Rosario	Oct. 1–31	1		
China:				
Antung	Nov. 29–Dec. 6	4	1	
Egypt:				
Port Said	Nov. 19–25	1		
Finland				October, 1925: One case.
Greece:				
Athens	Nov. 1–30	11	2	
Latvia	October, 1925	2		
Lithuania				September, 1925: Cases, 8; deaths, 1.
Mexico				July–August, 1925; deaths, 65.
Aguascalientes	Dec. 14–19	1		
Guadalajara	Dec. 8–28		2	
Mexico City	Nov. 22–Dec. 12	39		
Torreon	November, 1925		1	
Palestine:				
Nazareth	Nov. 3–9	1		
Safad	Nov. 24–30	1		
Tel-Aviv	do	1		
Peru:				
Arequipa	October, 1925		2	
Poland	Oct. 11–17	17	3	
Rumania				July, 1925: Cases, 74; deaths, 9.
Russia				May–June, 1925: Cases, 7,609.
Union of South Africa				October 1–31, 1925: Cases, 88; deaths, 7 (colored); cases, 7 (European population).
Cape Province	Oct. 1–31	63	5	Colored.
Natal	do	1		Do.
Orange Free State	do	23	1	Do.
Do	Nov. 1–7			Outbreaks.
Transvaal	Oct. 1–31	1	1	